

Normative States:

Successes, Failures, and
Lessons for Protection of
Healthcare



RIAH

RESEARCHING THE IMPACT
OF ATTACKS ON HEALTHCARE

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Contents

Executive Summary	4
Introduction	5
Section 1: Initiatives Supporting Humanitarian Norms	8
1. International Campaign to Ban Landmines (ICBL)	8
2. Preventing Sexual Violence Initiative (PSVI)	9
3. Children and Armed Conflict: Safe Schools and Watchlist	11
4. Political Declaration on Explosive Weapons in Populated Areas (EWIPA)	13
5. Starvation as a Method of Warfare – UNSCR 2417	13
Section 2: Lessons	15
1. State-level Positioning and Diplomacy	15
2. Broader Engagement	16
3. Framing the Issue	18
4. Accountability	20
Section 3: Protection of Healthcare in Armed Conflict	22
Section 4: Potential Scope for Action to Advance Norms on Protecting Healthcare in Conflict	24
1. State-level Positioning and Diplomacy	24
2. Broader Engagement	26
3. Framing the Issue	26
4. Accountability	27
Selected Bibliography	29
Abbreviations	38

Executive Summary

This paper, produced by researchers working on the Researching the Impact of Attacks on Healthcare (RIAH) project, examines the role of states in creating, reinforcing, and implementing humanitarian norms, with a particular interest in those that protect healthcare in armed conflict. Despite the longstanding presence of international humanitarian law (IHL) and related norms, the global rise in attacks on healthcare facilities and workers highlights a deepening crisis of impunity and norm erosion.

Through examination of five norm-setting initiatives—the International Campaign to Ban Landmines, the Preventing Sexual Violence Initiative (PSVI), those relating to Children and Armed Conflict, the Explosive Weapons in Populated Areas (EWIPA) Political Declaration, and UNSC Resolution 2417 on starvation in warfare—the paper identifies successes, shortcomings, and transferable lessons. These lessons are grouped into four key themes: state-level positioning and diplomacy, broader engagement, framing the issue, and accountability. The aim is to apply these lessons to inform efforts to reinforce a norm related to protection of healthcare, building on the research of the RIAH project.

The authors argue that strong, diverse state leadership and civil society coalitions are essential to sustaining norms. They emphasise that implementing and enforcing existing laws, rather than creation of new ones, are critical to protecting humanitarian standards. Framing issues as humanitarian can broaden support, but lasting impact depends on clear messaging and strong accountability through enforcement, peer support, and monitoring. Regarding the norm to protect healthcare, the paper calls for renewed global leadership via a coordinated, multi-stakeholder approach to restore and uphold the humanitarian norm. This will require consistent messaging, data-informed advocacy, and robust accountability measures. The authors urge governments to adopt practical, strategic actions to prevent further erosion of this vital legal and ethical standard. A detailed set of options for how governments can advance and strengthen norms protecting healthcare is outlined in the paper from [page 24](#) onward.

Introduction

The provision of care for the sick and wounded without discrimination and the protection of health facilities and personnel from attack in situations of armed conflict are longstanding international norms, enshrined in the Geneva Conventions and customary international law, and core to the principles of humanity and impartiality. Numerous national and international declarations, resolutions and laws amplify and reinforce these norms (see Section Three), which have been officially recognised and codified by governments, humanitarian agencies, and healthcare professionals for decades. In addition, the fundamental right to health is spelled out in the International Covenant on Social Economic and Cultural Rights and extends the protection and promotion of health care in all situations. It is beyond the scope of this paper to interrogate the concept of a norm, although we proceed on an assumption that humanitarian norms make a difference to those who suffer inhumane treatment during violent conflict, and we acknowledge (but do not focus on) the difference between challenges to the application or implementation of a norm and respect for the norm itself.¹ Norms surrounding the protection of healthcare, like most, require a shared understanding of the harms suffered by civilians, the sick and injured when norms are flouted, as well as regular adherence and reinforcement from stakeholders if they are to remain effective.

Although disrespect for the norms protecting humanity in war is recurrent throughout history, the fundamental protection of patients, healthcare providers and facilities has been eroded at an alarming rate in both international and non-international armed conflicts. In fact, observers speak of a 'new normal' where attacks on healthcare during conflicts are routine, with minimal or no global reaction or consequences. In some cases, perpetrators even distort the intent of the norm to justify inhumane attacks on healthcare. The result is massive destruction of healthcare infrastructure, the displacement, detention and deaths of healthcare workers and their patients, and disruption or collapse of basic prevention and lifesaving health services. As RIAH and other research illustrates, these impacts are wide-ranging and last well beyond their immediate effects. The harms include loss and attrition of healthcare workers, task-shifting and working outside of competencies, which leads to stress and moral injury among healthcare workers. In combination with the challenges of rebuilding infrastructure in conflict conditions and the difficulty with resupplying essential medicines and equipment, the result is a reduced standard of care for patients or even a withdrawal of services altogether from certain regions. As of 31 December 2024 the UNHCR published a report showing that Gaza's healthcare system had been pushed 'to the brink of total collapse...with catastrophic effect.' The unique threat of targeting health was outlined by an interview participant who said, 'if you destroy health, you make it easier to displace, kill, terrorise a population.'

As violence in Gaza, Ethiopia, Lebanon, Myanmar, Sudan, Ukraine, and elsewhere has continued to feature blatant and widespread attacks on healthcare, international

1 A significant academic literature exists on the topic of humanitarian norms, some of which we have included in the bibliography at the end of this document. While this literature is vast and varied, the central question of this paper – the role of states in reinforcing norms, particularly in relation to the protection of healthcare – is understudied.

organisations and humanitarian NGOs, including the [WHO](#), have condemned the disrespect of international humanitarian law (IHL), committing to renewed efforts to restore it and the humanitarian norm it reflects. Research and advocacy organisations and coalitions such as Insecurity Insight and the Safeguarding Health in Conflict Coalition have shared [documentation and data, demanding action](#). In September 2024, the ICRC launched a '[High Level Global Initiative](#)' on IHL to rebuild and bolster understanding of and compliance with the [rules of war](#), urging reassertion of a 'strong and effective commitment' to respect them. In late 2024, Qatar hosted the World Innovation Summit for Health ([WISH](#)), which included a panel and research report about [protecting health in armed conflict](#). Despite all these efforts, blatant attacks on hospitals and healthcare workers continue unabated.



Destruction of Al-Thawra Hospital in Taiz due to shelling by Al-Houthi militia, Shutterstock 1544965799.

As governments deploy and direct military forces, deliver or fund humanitarian responses, collaborate to protect global health and prevent disease, and commit to uphold humanitarian norms and law, they have a critical role in protecting and promoting them. Bringing to bear their political will, resources, and diplomatic capacities, and in many cases, the records of sustained investment in global humanitarian projects, states have an opportunity to lead a multinational effort engaging both governments and civil society actors to restore and bolster the norm protecting healthcare at this crucial time.

To highlight this responsibility and opportunity, this paper documents lessons from a series of historical and current initiatives aimed at creating, reinforcing, or sustaining humanitarian norms, with particular attention to the critical role of states in doing so. The aim is to use these lessons to inform efforts to reinforce a norm related to protection of healthcare, building on the research of the RIAH project. The project, funded by the UK FCDO, is focused on documenting attacks and their immediate and wider long-term impacts. This seven-year project is now in the final stages, emphasising uptake and dissemination of our findings.

The authors of this paper explore five initiatives that provide a range of successful and less successful examples of norm creation or reinforcement, with the goal of applying these lessons in relation to the protection of healthcare by articulating a range of action states could take in support.. The views and inputs of interviews with anonymous key actors involved with the initiatives supplements our desk-based review. Unless otherwise noted with a link or citation, quotes or references to expert or observer input originate from these interviews. A draft version of the paper was presented at an FCDO-convened roundtable in February 2025. The authors thank roundtable participants and audience members for the insightful discussion that informed parts of the final version of this paper. The structure of the paper is as follows:

- In **Section One** we review initiatives to i) ban landmines, ii) prevent sexual violence in conflict, iii) protect children and schools in war zones, iv) oppose the use of explosive weapons in populated areas, and v) stop forced starvation as a method of warfare. The section documents their successes and examines limitations.
- In **Section Two** we collate lessons from these initiatives across four themes (State-level positioning and diplomacy; Broader engagement; Framing the issue; Accountability), drawing on specific examples from the five initiatives.
- In **Section Three** we summarise the humanitarian norms regarding protection of healthcare in conflict and highlight limitations around existing initiatives according to our four lesson themes.
- Finally, in **Section Four**, we outline states' potential scope for action.

Section 1 Initiatives Supporting Humanitarian Norms

1. International Campaign to Ban Landmines (ICBL)

The ICBL was launched in 1992 when six non-governmental organisations (NGOs) representing war veterans, deminers, human rights advocates, doctors, and victim rehabilitation specialists joined forces to call for a complete ban on the use, production, stockpile, and transfer of the most widely used conventional weapon in the world – anti-personnel landmines. Campaigners worked across geographies and sectors, produced well-publicised data on the human and economic costs and incapacitating injuries caused by these weapons, and conducted legal analyses. They gained the early support of several key states and prominent individuals and focused on very specific goals and strategies in a disciplined and well-funded campaign. Regular meetings and strategy sessions included both governmental and NGO leaders. Strong visual imagery and survivor narratives from people on all continents created a clear link to the devastation caused by the tens of millions of mines in the ground. The Mines Ban Campaign held large meetings bringing the coalition together in Africa, Asia, Europe and Canada, and national campaigns from Afghanistan to Colombia mobilized in creative ways. Within five years, in a bold initiative, Canada's foreign minister convened representatives of 150 governments in Ottawa outside the normal UN process. There, 122 states signed a new treaty that banned the weapon according to the campaign's framework and committed hundreds of millions of dollars to humanitarian demining and the rehabilitation of victims.²

By September 1997, when the Treaty was adopted at a diplomatic conference hosted by Norway, more than one thousand NGOs on every continent had joined the Campaign, and an emerging coalition of 'middle powers' found it could create a new international norm despite the abstention of major powers and arms sellers: Russia, China, India and the US. Notably absent as well were most of the countries in the conflict-affected Middle East. Nonetheless, most of the world's nations (164) have signed the mine ban treaty, 55 million stockpiled mines have been destroyed, thousands of acres have been cleared of mines, and many thousands of survivors have received prosthetics and rehabilitation support. Rather than seek to bring on board those countries opposed to the ban, the Campaign focused on working with those states that were supportive of it – the ICBL 'good-list' – and 'shaming' unsupportive states, such as the United States, into 'second-best responses' in line with the broader norm, including increased funding for demining and regulation on landmine use. The Campaign also made maximum use of its 1997 Nobel Peace Prize, rallying civil society, gaining new signatories to the Treaty, and pressing for the humanitarian commitments embedded in the international agreement.

Although breaches of the norm are cause for grave concern to those protecting the ban, campaigners, aid agencies and governments routinely document and publicise them. States party to the Treaty, together with civil society organisations, convene for a review conference every five years. Global reporting on adherence to the Treaty appears regularly

2 There has been extensive academic analysis of the ICBL campaign. A more complete set of references is available in the bibliography at the end of the document.

in the [Landmine Monitor](#), a civil society endeavour funded by states which published its 26th edition in 2024. Most violations of the norm have been committed by non-signatory governments, though [Ukraine's recent use](#) while a party to the Treaty and a [US reversal of course in this case](#) could call into question the strength of the norm in the face of Russia's military challenge and its own extensive use of this indiscriminate weapon in its war on Ukraine. Observers note that Ukraine has not touted, and has been in some sense cautious, in its use of landmines, indicating it is still affected by the widely shared stigma against the weapon. Nonetheless, [several states in eastern Europe](#) have recently or are in the process of withdrawing from the treaty; together these illustrate the challenge to and backsliding with regard to commitments to this and other humanitarian norms.

2. Preventing Sexual Violence Initiative (PSVI)

UK Foreign Secretary William Hague launched this initiative of the UK Government in 2012. It exemplifies [state 'norm entrepreneurship'](#) and a ['woman's issue,' advocated by civil society actors](#), being put on the [foreign policy agenda by states](#). In 2014, Secretary Hague and actor Angelina Jolie co-hosted the PSVI Summit in London, convening high level government representatives alongside civil society leaders from around the world with aims to raise awareness and encourage action to end sexual violence in armed conflict. Improving access to justice and ending impunity for the crime of rape in war was a key focus, in line with the [Women Peace and Security agenda \(WPS\)](#), and drawing on the 2009 creation of a [Special Representative of the Secretary-General on Sexual Violence](#) through Security Council Resolution 1888 (2009).

In a decade of concerted international focus on this issue, [UN Security Council Resolution 2106](#) was adopted unanimously in June 2013 and 155 governments endorsed the UK-initiated [UN General Assembly statement](#) in September 2013. They urged governments to prosecute sexual violence crimes and support women's empowerment and protection from sexual violence, also noting the need to protect men and boys from these crimes. In 2014, the PSVI launched its [International Protocol on Documentation and Investigation of Sexual Violence in Conflict](#), which was updated in 2017. The Nobel Peace Prize was awarded in 2018 to two prominent advocates for ending conflict-related sexual violence: Dr. Denis Mukwege from the Democratic Republic of the Congo, and Nadia Murad, a Yazidi survivor from Iraq.

Foundational to the UK initiative was the conviction that sexual violence in conflict is not an inevitable or intrinsic feature of war. It was an attempt to encourage states to fulfil their longstanding obligations under the laws of war, through voluble public pronouncements and support for accountability mechanisms. The focus on evidence collection and prosecution at both national and international levels to hold perpetrators accountable was accompanied by awareness of and support to a holistic survivor-centred approach. The UK announced the creation and funding of a 'Team of Experts' in evidence and law to support efforts toward documentation of SV in a range of countries. Following the Summit, grants flowed from the UK's Department for International Development (DFID) and the UK Foreign and Commonwealth Office (FCO)³ to governments and NGOs in conflict zones where sexual violence was widespread. The Initiative linked with efforts to focus on these crimes as a

3 Both merged to form the UK Foreign, Commonwealth and Development Office, FCDO, in 2020.

global security issue as well as to gender equality ambitions of the Millenium Development Goals. PSVI also invested in efforts to understand and address root causes of this violence towards more effective prevention.

One analyst has criticised the PSVI as a 'a relatively conservative rendition of WPS', characterising it as 'more performative statements of concern than active efforts to unite against gendered violence'. The 2015 article questioned the Initiative's focus on prosecutions as a deterrent which, it argued, is based on a false assumption that much rape is committed under orders and can therefore be stopped through the military hierarchy, while failing to consider or address the lack of resources or concrete commitments to strengthening justice systems. Moreover, by focusing on rape as a weapon of war, and seeking to advance women's rights and empowerment in the context of armed conflicts, some saw the Initiative as presenting an overly narrow reading of the global problem of sexual violence generally.

Critics have also noted that the PSVI, after launching an ambitious and widely touted programme, seemed to withdraw from investments in this issue following the departure of William Hague as Foreign Secretary. Some expressed concerns that strong actions from UK leaders did not follow their strong words, with one longtime expert with experience working on this issue in conflict zones stating, 'Political promise does not translate into practical achievement.' The highly touted UK-led roster of experts did result in significant changes in practice. The number of experts available or deployed has fallen considerably since 2014. Although the Initiative was revived again in recent years with significant dedication and leadership of the PM's Special Representative on PSVI Lord Ahmad, some collaborators have worried that the UK has not worked enough to engage with allied governments or critical members of civil society. Other critiques note the difficulty of demonstrating impacts in the critical areas of prevention, including through education and awareness at local levels in conflict zones. It is widely understood that resources to support survivors of sexual violence are still severely lacking in most war zones. Accountability continues to be weak, with few cases receiving justice in domestic or international courts.

Nonetheless, the UK effort has been credited with helping to diminish widespread stigma and discrimination against victims and in bringing voices of survivors to centre stage at major international conferences and UN gatherings. In recent years, the UK led in the creation of a Declaration Against Sexual Violence in Armed Conflict signed by 50 countries (2022) and in the formation of an International Alliance on PSV in Conflict with 25 countries committed to coordinating efforts to promote justice and support survivors. The Alliance features rotating chairs, puts out joint statements, rallies governments to respond to SV and support survivors, and promotes civil society efforts.

There is no question that in the second decade of the twenty-first century, global attention to the issue of conflict-related sexual violence dramatically increased such that in almost every humanitarian crisis, it is no longer sidelined or silenced. It is 'on the agenda' with attention from UN agencies, governments, civil society and the courts. The UK's PSVI contributed to this context where one might assess that there is progress in the 'popularisation' of this humanitarian norm.

3. Children and Armed Conflict: Safe Schools and Watchlist

The [Safe Schools Declaration](#) (SSD, 2015) is a non-binding agreement by states to commit to the [Guidelines for Protecting Schools and Universities from Military Use During Armed Conflict](#). It is an example of 'soft law' that seeks to clarify and go beyond what IHL requires in creating a norm against militarisation of and attacks on schools. Scholars see it as part of a broader trend whereby 'there has been a notable shift from standards being prepared by the ICRC and discussed, drafted and adopted by States, to soft law standards being prepared and adopted by a small group of selected experts and organisations and a few selected States'. The actors behind the SSD rejected the idea of developing a new treaty because of [likely difficulties negotiating](#) such a treaty, and a preference for user-friendly guidance, rather than law, in changing behaviour. The ICRC in fact [welcomed](#) the SSD and associated Guidelines.

The Declaration builds on a longer history of 'children affected by armed conflict' (CAAC) advocacy. Children have occupied a privileged place in the humanitarian imagination, but [only some issues have been successfully framed](#) and linked to pertinent concerns by norm entrepreneurs. The [Machel Report](#) (1996) and the creation of the Office of the UN Special Representative of the Secretary General on Children in Armed Conflict (1997) represent the success of transnational advocacy networks in pushing norms to protect children onto the agenda. Subsequent [UN Security Council resolutions](#) (UNSCRs) 1261 (1999), 1314 (2000), 1379 (2001), 1460 (2003), 1539 (2004), 1612 (2005), 2601 (2021) all addressed children in conflict. The [providential timing](#) of the global news story around the Taliban's attack on Afghan schoolgirl Malala Yousafzai is another factor that helped the declaration.

The effort on the SSD was NGO-led ([GCPEA](#)), but states played an important role in drafting and universalising the guidelines. These were finalised by [Norway and Argentina](#) and carefully strategized state support was vital. Observers highlight the importance of a [diverse range of states, including those affected by attacks](#) in winning this committed support. The drafters chose to [only consult a limited number of states](#) to maintain focus, even at the risk of not immediately winning wide support. Drafters highlighted the importance of '[holding a strong line](#)' in the face of opposition, rather than seeking to win consensus by watering down the document. States including Australia, Canada, France, Japan, South Korea, the UK, Denmark and Russia put forward a weaker counterproposal, but [Norway chose to stick with the original text](#), trusting in support from states with a stake in the issue rather than powerful objectors. They have since worked successfully to increase uptake and it has grown from 37 endorsements in 2015 to [121 today](#), including initially sceptical states such as the UK, Germany, Canada and France and, most recently in January 2025, the [US](#).

UN support is ongoing via statements from the UNSG and the Special Representative, and annual observation of the International Day to Protect Education from Attack on September 9. With regards to the changes of attitude, [observers point to](#) the role of advocacy and evidence-gathering by charities, a government legal review and a cross-departmental working group to gain buy-in from different ministries. Civil society actors noted that the US signing was the result of years of lobbying. Participants in the process point to the importance of working with stakeholders, particularly defence ministries and militaries, with [technical support and practical guidance](#) so the latter can be confident that they are able to uphold the commitment.

Since the declaration and increasing support, states have made efforts to sustain momentum. Norway has created an [SSD Implementation Network of States](#), with Spain delivering technical cooperation training. In doing so, they strengthen communication and sustain activity between states on the issue by creating a forum to share good practices and challenges. This community of practice is mutually reinforcing to the success of the initiative, whereby states encourage one another to endorse or implement the declaration. States' changing agendas, personnel and governments require a constantly iterative process and continue to pose challenges. Experts state that implementation and follow-up are what is really required. 'We don't need new norms; we need implementation of existing norms,' emphasised one person interviewed for this paper.

UNSCR 1612 established the [Monitoring and Reporting Mechanism \(MRM\)](#) on Children and Armed Conflict and operational country-level Task Forces to report on violations including attacks on schools. [Watchlist](#) work with a network of partners to 'collect and disseminate information on violations against children in conflicts in order to influence key decision-makers to create and implement programs and policies that effectively protect children.' The GCPEA monitors attacks and publishes a [report](#) every two years. These initiatives are useful but, as an advocacy advisor working on this told us 'Civil society can achieve a certain amount, but then it's up to states. We rely on them to create negotiating positions and take up the norms.'

4. Political Declaration on Explosive Weapons in Populated Areas (EWIPA)

The Explosive Weapons in Populated Areas (EWIPA) Declaration is a non-binding political commitment by states to improve policies and modify their behaviour in war to reduce civilian deaths from explosive weapons in populated areas. It seeks to create a new norm to 'fill the gaps left by overly flexible interpretations of international humanitarian law.' As such, it focuses on restricting the use of EWIPA and protecting civilians from direct and indirect reverberating effects, as well as collecting and sharing data to inform operational responses and assisting victims. At the time of writing, [87 countries have signed the EWIPA Declaration](#), highlighting a long road ahead toward 'universalisation' of this norm.

The EWIPA effort followed a [joint appeal](#) by the ICRC and the UNSG in 2019 and was driven by a [diverse group of civil society actors](#) comprising the International Network on Explosive Weapons (INEW). To win support, the EWIPA declaration was [framed as humanitarian rather than legal issue](#). Campaigners have rallied around messaging, claiming that even if it is [technically] 'legal' it isn't necessarily 'right.' Civil society experts confirm that the related IHL is adequate, and instead the issue is in how the law is applied.

Champion member states have played a vital role in leading the Declaration. For example, Ireland played '[an important bridging role to engage militarily active states](#).' It has decided to 'reinforce IHL' via the political declaration, using it as a framework for gathering allies. Campaigners note, however, that this means there is no enforcement or compliance mechanism. Another champion, Austria, has developed guidelines to bring IHL obligations into national legislation and used this as a diplomatic tool to encourage other states to support the Declaration. Advocates of the Declaration have come to understand that concrete tools for implementing the commitment and strengthening compliance are, in

fact, critical in attracting more signers. Other 'champion member states' included Chile, Mexico, Mozambique, New Zealand and Norway.

The declaration is new and as yet the ICRC reports that 'little to nothing has changed or been implemented by states to overhaul their military practices.' Sponsors of the Declaration are therefore collecting evidence on the effects of EWIPA and on implementation of the commitments. A series of workshops involving NGOs and militaries has been organised, and INEW publishes the Explosive Weapons Monitor.



View of a UN ambulance damaged during an attack in Mali UN photo / Marco Dormino.

5. Starvation as a Method of Warfare – UNSCR 2417

Part of the Security Council's broader 'protection of civilians' agenda, UNSCR 2417 (2018) restates international humanitarian law, human rights law and customary law on starvation in war to draw attention to and action the issue of starvation as a method of warfare. Unanimously adopted by the Council, it was the first resolution to state a link between warfare and hunger and address starvation as a method of warfare. It can therefore be characterised as 'a norm-setting resolution.' It should be seen alongside ongoing work on international classification and early warning systems for famine and food insecurity.

State champions have played important roles in placing this issue on the UN agenda and creating momentum for the UNSC resolution. The Netherlands and Switzerland organised meetings on starvation in warfare during 2017. The Dominican Republic, Germany, Ireland, Niger, Norway and the US later worked to keep the issue on the UN agenda.

Existing law on starvation crimes in warfare is ambiguous, as is its determination. The Resolution does not clarify or go further on this issue. It is nonetheless seen as an achievement in the sense that it overcame resistance from UNSC members and others, who believed that hunger in war is inevitable, and is moreover too multi-causal and unrelated to security to be addressed by the Security Council. Despite resistance, UNSCR 2417 was unanimously adopted in 2018, partly because of its cautious, consensual wording. Despite not advancing definitions of starvation crimes, it 'has the undeniable merit of placing the issue of starvation on the agenda of the Security Council and creating the basis for a systematic treatment of the topic in conflict-related situations' in future. Briefings to the SC have led to resolutions on South Sudan, Yemen and Ethiopia.

The resolution requires immediate threats of war-related starvation to be reported 'swiftly' to the UNSC, although there has been little progress in institutionalising this and reporting remains ad hoc. It has helped in 'normalising the issue of starvation' in policy discourse, and various international bodies and NGOs, including the Human Rights Council and ICC prosecutors, have since referred to hunger driven by violence. It may also have helped push the amendment of the Rome Statute to widen the war crime of starvation to include non-international armed conflicts, efforts that brought renewed attention to this crime.

Resolution 2417 can nevertheless be an important tool if the UNSC were to seek to address the issue in a particular context. Difficulties in implementation include ambiguity around 'what types of behaviour suggest the crime of starvation or provide evidence of criminal intent'; disagreement among SC members, including resistance to the prospect of sanctions; lack of clarity or mechanisms about how to report; and inconsistent early warning reports. In addition, critics have argued that the Resolution has a limited understanding of hunger and starvation, where death tolls narrowly attributed to starvation do not include a social nutrition approach (i.e., the deprivation of the elements needed for survival). Some question the suitability of the UNSC to address the issue: even if they agree conflict can cause hunger, many states are wary of putting it on the security agenda, noting that such an approach may hinder humanitarian access diplomacy. An additional challenge, according to one expert, is that most cases of starvation in war occur in Africa, yet the African Union (AU) as a key regional actor is weak and divided on humanitarian norm-setting and implementation. One expert noted that the conflict in Ethiopia 'neutralised' the AU on this topic, reducing responses to the 'lowest common denominator'. A new African Commission may be able to put it back on the agenda.

Unlike other issues reviewed above, starvation in conflict lacks a visible and coordinated civil society effort. An expert indicated that, as with other fundamental norms, this initiative needs champions and innovative coalitions to advance and enforce the norm.

Section 2 Lessons

These initiatives point to key elements of success common to one or more of the efforts reviewed above. We group these lessons into categories around state-level positioning and diplomacy, broader engagement, framing the issue, and accountability.

1. State-level Positioning and Diplomacy

Initiatives need a diverse set of 'champion' governments, including critical alliances across the Global North and Global South.

To gain international support across continents, it is seen as important to move away from convening in competing northern and western capitals such as London, Oslo, and New York. For the Landmines campaign, the diverse champions included Canada, Belgium, Austria, Norway, Mozambique – states affected by landmines as well as producers and exporters that agreed to destroy landmines and forego their future use. Together these states carried out bold, consistent initiatives and led in drafting and adopting a new treaty. The number of states supporting the ban eventually reached a 'tipping point' or cascade that made it more difficult to *not* support the effort. In the case of SSD, having champions globally allows some governments to target those in their region (and with other states similar to them) and engage directly without necessarily providing funding or vice versa. Those collaborating in the newer alliance for the EWIPA Declaration are using a similar approach as a basis for common action.

Engaging like-minded states enables bold aims without compromise.

Working with states that support an initiative rather than trying to win the support of powerful but uncommitted states proved to be an effective strategy for the ICBL, SSD and EWIPA. For example, for the SSD, it was important to win and sustain the support of committed states and actors, rather than the largest or most powerful coalition, if the latter meant a weaker agreement. The network of endorsing states created a community of practice for implementation but also a role for states to specifically and directly encourage endorsement and implementation (e.g., the embassy of a target country). Rather than diluting principles and commitments to gain wider traction, the focus on supportive states allowed campaigns to shore up strong norms in public ways and, in some cases, to 'shame' non-compliant states. While this may mean they do not endorse these initiatives, or fully adopt norms, it may lead them to implement 'second best' responses where previously they may have not engaged positively with the norm at all.

Act from an agreement that the primary problem is enforcement of existing law as opposed to the need to create new laws or humanitarian norms.

Virtually every expert interviewed for this paper stressed that initiatives to protect humanitarian norms do not require new laws; instead, a focus on implementation of existing IHL and respect for long-established norms could result in a dramatic improvement over conduct in current conflicts. There is consensus that IHL is sufficient (though routinely violated), and efforts

to promote and implement existing laws and norms will not necessarily benefit from new treaties or amendments to existing law. Those campaigning to protect schools in armed conflicts similarly avoid discussions about the need for new law. Legal scholar [Marco Sassoli](#) recently suggested that many actors seeking to increase protections explicitly disavow any intention to create new obligations and focus instead on clarifying existing law.

Intra-governmental engagement and collaboration is critical.

With norms related to security and armed conflict, it is common for government defence and military stakeholders to be at the forefront of discussions; they often act as gatekeepers in terms of norm implementation. The buy-in and leadership of other sectors of government is equally important, however, especially for diplomatic sectors and those directly affected by the proposed norm setting. For example, advocates in the field of starvation and hunger reported ministers of agriculture/food being unaware of the UNSCR regarding starvation and war. Without this, important information (in this case from [IPC reports](#) or other reporting on starvation) may not feed into conflict analysis, planning, or other programmes, which challenges the implementation of the UNSCR. Collaboration across government sectors and between political and military actors was likewise crucial in the Landmines campaign, allowing the issue to be reframed as a humanitarian rather than a military question. Moreover, the engagement of diplomatic missions in other countries is important. For the SSD, the in-country operational staff created a network of support. This growing community of practice has enabled the most effective implementation of the commitments, even though the range of actions may be inconsistent. Outside of bold action from the UN Security Council, governments and other stakeholders have also engaged with the Office of the High Commissioner for Human Rights, the Human Rights Council, and relevant Commissions of Inquiry.

2. Broader Engagement

Effective action requires the early identification and engagement of all key stakeholders through broad coalitions that integrate civil society actors and NGOs.

States and civil society play distinct and complementary roles. Multi-sector alliances and coalitions are critical to any effort to promote and protect a norm. The inclusion of a range of humanitarian organisations, and especially those most affected by violations of the norm, has been crucial. These stakeholders should be equal partners in global and local initiatives. This strategy was especially important for the Landmines ban effort which included campaigners from multiple sectors: humanitarian, human rights, faith-based, medical, demining, disarmament, and survivor organisations in producer as well as mine-affected countries. It also included private donor support to the civil society effort.

In the case of the PSVI, medical leaders and survivor voices enhanced awareness and visibility (particularly the role of Nobel laureates Dr. Denis Mukwege and Nadia Murad) and pressed governments to act. Like the ICBL, the Safe Schools initiative has adopted a cross-sectoral approach (human rights, humanitarian, development, peace and security) and actively promoted the issue as a multi-dimensional one. Pressure to endorse and implement the declaration came from both civil society and state actors exerting influence at the diplomatic level in Geneva and internationally, and through operational staff in countries.

One particularly useful recent example of concrete implementation of a humanitarian norm is the UN General Assembly's creation in 2023 of the Independent Institution on Missing Persons (IIMP) in Syria. It involved an unusual collaboration of state, NGO, UN offices and agencies and the affected local stakeholders in and around a war zone. This unprecedented humanitarian initiative is set to start bringing answers and some closure to families of the more than 150,000 missing people in Syria and is primed to begin unexpectedly prompt implementation in the wake of the fall of the Assad government. It has been built around a commonly accepted humanitarian and human rights norm: 'the right to know' the fate of family members who have been 'disappeared' or go 'missing' in armed conflicts. The IIMP's creation is the result of two years of concerted effort by families of the missing, which played a central role, together with middle-sized and smaller state champions (Albania, Cabo Verde, Dominican Republic, Kuwait, Luxembourg, and Macedonia), the office of the UN Secretary General, the UN 3rd and 5th Committees, and support from the Office of the High Commissioner for Human Rights as well as the ICRC.

The effort also received important backing, including rapid financial support from the United States (which understood it would not be strategic to be a visible leader on the issue), the UK, Germany, and NGOs such as Crisis Action, which served as a hub for coordination. Other factors contributing to the success of this effort included the existence of individual champions within the office of the UN Secretary General, who ensured the rapid production of a requested report on the subject, given the failures in pressing Syria to reveal the whereabouts of such a large number of people likely executed or in state custody. Importantly, the coalition of organisations with different mandates working intensively on the issue determined to address the problem as an entirely humanitarian issue, (where a two-track approach also includes a parallel and complementary, but separate accountability effort) which advocates claim enabled support.

The IIMP is effectively a 'hybrid' institution, led by those most affected, whose role is included in the UN Resolution which establishes an all-important mechanism. It offers a new model for implementation of a humanitarian norm.

Commitment and engagement from the ICRC are critical for IHL.

The International Committee of the Red Cross (ICRC) has the mandated responsibility to ensure respect for and promotion of international humanitarian law. The ICRC's IHL analysis of the inherent indiscriminate and egregious injuries to civilians caused by anti-personnel landmines was an essential contribution to the momentum towards a ban. It provided helpful public support and legal readings on the SSD and associated guidelines, which have been important for state compliance. Its ongoing role in prevention and inclusion of SSD in its interactions and training with states is critical, as is its role in convening meetings on implementing the Declaration and engagement in reporting on EWIPA impacts. In a few of our examples, governments and/or civil society have promoted newer norms in the spirit of IHL but that may go beyond the letter of the law, and these efforts may result in evolving or new ICRC understandings and initiatives. At the same time, the ICRC has provided important statements and guidance when erosion or distortions of norms and laws are underway.

Prominent individuals can amplify campaigns and shape public opinion, highlighting the importance of visible champions.

Several initiatives highlight the critical role played by specific individuals who champion these efforts. Notable examples include Canada's foreign minister Lloyd Axworthy and Lady Diana advocating in favour of the campaign to ban landmines, Mozambican politician Graça Machel for Children and Armed Conflict, Zia Yousafzai (Malala Yousafzai's father) for the Safe Schools Declaration speaking at the Oslo conference and launching it, and Angelina Jolie and Dr. Denis Mukwege advancing the Preventing Sexual Violence in Conflict Initiative. Despite academic critiques of their impact, prominent and highly visible celebrity advocates can be particularly effective in mobilising global attention and influencing public opinion—an essential factor in shaping government action.

3. Framing the Issue

Framing issues as 'humanitarian' (rather than legal or military) can be effective in winning wider support, provided there is a parallel and complementary mechanism to advance accountability (see below).

Multiple initiatives above framed their issues as a 'humanitarian' as opposed to a legal (EWIPA) or military disarmament (ICBL) concern to win broad support, and attribute success in part to this framing. This framing, however, also made use of IHL as part of advocacy efforts and communications. For instance, although the ICBL did result in a new treaty, campaigners argued successfully that production and use of these weapons violated existing humanitarian law and disarmament agreements. The EWIPA Declaration strategists specifically determined to present the issue as a humanitarian one, avoiding legal nitpicking around 'red letter' Geneva law. Advocates pressing for an end to starvation as a method of warfare ensured that the crimes were incorporated into the Rome Statute in both international and, eventually, non-international conflicts; they are largely focused on the issue as a humanitarian and a moral one.



Photo credit: HCRI

Drawing on UN declarations and resolutions is effective.

Whilst there is consensus that new laws would be superfluous, many of our interviewees stressed the utility of UN declarations and resolutions together with reports by UN Special Representatives and Rapporteurs and Commissions of Inquiry as tools in garnering state support to implement norms more effectively. The PSVI anchored its actions on the 2000 UN Security Council Resolution on Women, Peace and Security (1325) while also drawing on subsequent resolutions such as UNSCR 1888 (2009) and UNSCR 2106 (2013), as well as a General Assembly statement in 2013, to enhance its appeal and broaden its global support base. The effort to bolster protections for children with the SSD was built on a history of advocacy on behalf of children at the international level via the UN. Advocacy to protect people in populated areas from explosive weapons emerged via EWIPA after a joint call from the UNSG. In the case of starvation as a weapon of war, the unanimous adoption of UNSCR 2417 significantly shifted the discourse, elevating the issue to a priority on the agendas of both the Security Council and member states in a more urgent and actionable manner.

There is a general trend towards broadening the conception of security for the Security Council and its 'protection of civilians' agenda, such as in the case of Resolution 2417, although certain states have resisted this expanding role. Some are concerned that a focus on humanitarian issues, where consensus might be easier for the polarised and politicised UNSC may come at the expense of resolving conflicts and promoting peace. One ambassador who recently served on the Security Council refers to the body as the 'Humanitarian Council'.

Use clear, concise, accessible language to communicate the problem as well as focused goals and strategies to address it.

Multiple initiatives point to the importance of language and data to illustrate the scope and scale of the problem. Similarly important is an accompanying advocacy/dissemination strategy with clear, focused goals, both short and long-term. The importance of language, both in terms of clarity and precision, came up in several interviews. For the Landmines campaign, a clear and precise definition of the problem was crucial to success. This messaging was short and concise: Ban this weapon, demine, and aid survivors. Moreover, the Landmines campaign, via the Landmine Monitor, effectively used data to provide evidence of use, illustrating trends across time and consistently monitoring compliance.

By contrast, the opposite was true for initiatives addressing EWIPA and starvation as a weapon of war. For these, precision clearly identified the military and security restrictions necessitated by these initiatives, making vetoes by governments with a strong MoD more likely. Similarly, UNSCRs may suffer from a lack of focus as some states question the idea of distinguishing, or criminalising, conflict-induced hunger, and the unanimous agreement was won at the cost of cautious, consensual wording. However, this allowed the issue to gain global traction.

Sustained attention and consistency in documentation and messaging were also cited as crucial. Interviewees cited shifting government priorities and changes in personnel as obstacles to implementation and impact. The PSVI took risks by rapidly launching a highly visible initiative without a long-term plan, which limited initiative's the impact when leadership changed.

Communications, outreach and public advocacy strategies can benefit from using audience-specific language and terminology.

Powerful, continuous, and credible documentation and imagery are essential to efforts to promote and protect a humanitarian norm. To be effective in these efforts, there is a need to develop communications approaches targeted toward and compelling specific audiences, such as legal assessments and analysis for lawyers; credible and informed referent points, rules of engagement, and language for military audiences; and non-specialised language for general audiences, focused on inhumane acts and impacts on specific people and communities. The Landmines campaign, for instance, produced a series of widely cited, country-specific reports where compelling data and photos were picked up by the media, whereas other sections included detailed legal analysis and still others, highly technical medical and public health analyses. Storytelling is immensely important, such as the Academy-Award nominated documentary *For Sama*, which closely follows a young doctor and his colleagues and family in a hospital under repeated bombardment in Syria.

4. Accountability

Accountability requires enforcement mechanisms that impose consequences for violations while providing support to those that uphold the norm.

Accountability is often understood to mean criminal prosecution of perpetrators of harm or violations of humanitarian law, which is essential in cases of grave breaches and crimes against humanity or genocide. Yet accountability also refers to a range of mechanisms and actions to enforce norms or pressure parties to a conflict to adhere to them. There is a consensus that an end to impunity is essential to upholding norms. As one interviewee decisively stated: 'Impunity is the cancer that is destroying the respect for humanitarian norms.' In some cases, public condemnation of violations is necessary, if not sufficient, and both consistent and responsive denunciations are important. According to one longtime advocate for upholding humanitarian norms, 'There is a moment when a first breach happens. Without immediate and strong international response, the breaches will continue.'

The other initiatives, however, point to a range of options to promote accountability, including practical tools that are needed in parallel to promote understanding of and respect for humanitarian law and conduct in conflicts. This can involve measures to support compliance through existing (domestic) law and mechanisms, such as national military policy and doctrine. For instance, the UK currently reports on the implementation of IHL at the domestic level, via the voluntary report (UK 2nd edition). In another example, for the SSD campaign civil society actors have used a 'carrot and stick' approach to promote state compliance, involving technical assistance and state-led peer-to-peer support as well as monitoring, reporting, and advocacy for accountability. For the latter, the coalition includes both vocal organisations and 'quieter' others that operate behind the scenes and can push and pull states to endorse, comply, and implement. Peer-to-peer support can also involve bringing IHL commitments into existing domestic legislation, as a tool for diplomatic engagement that illustrates concrete ways to both strengthen IHL and promote compliance. For instance, with regard to the EWIPA Political Declaration, one diplomat commented that non-signatory states did not want to sign up to something they did not know how to

implement, so signatory states spoke to their own efforts to implement the declaration as part of their peer-to-peer engagement.

Other practical tools that need to be scrutinised but not abandoned include ‘deconfliction mechanisms’ with functioning notification and verification mechanisms, possibly using sophisticated surveillance technology increasingly available to monitor behaviour and breaches.

Monitoring by civil society or an independent watchdog is crucial and effective.

Effective monitoring of compliance and signatories to commitments is a key factor in the success of various initiatives. This includes monitoring both state and non-state actors. For SSD/CAAC, Watchlist serves as an independent watchdog on Children and Armed Conflict, overseeing compliance through its Monitoring and Reporting Mechanisms (MRM). States party to the Treaty, together with civil society organisations, convene for a review conference every five years, which includes renewing political commitments and reviewing the operational status of the convention.

In terms of reporting on violations, the GCPEA publishes a biennial Education Under Attack report, which documents recent incidents, highlights key trends, and provides actionable recommendations. The SSD includes a commitment to robust data collection, a process supported by GCPEA’s research and reporting—particularly through its toolkit on reporting mechanisms. Similarly with regards to the ICBL, civil society (funded by states) produce the annual Landmine Monitor report. These reports and data play a crucial role in maintaining global attention on the issue, enabling governments to make evidence-based policy decisions, and helping other actors enhance their own data collection and monitoring efforts. As noted in reflections on the post-agreement work, ‘Monitoring and framing the scale of the problem through research on the impacts of attacks on education is essential for developing norms and ensuring sustained focus on implementing solutions.’

Section 3 Protection of Healthcare in Armed Conflict

Included in what we refer to as the body of humanitarian law and norms to protect healthcare in conflicts are concerns around the provision of care for the sick and wounded without discrimination and protection of health facilities, services, and personnel from attack in situations of armed conflict. Among these are numerous international or state-level declarations (for example the Rome Statute), resolutions (UNSCR 2286 and UNGARs 78/118 and 70/104) and laws (Geneva Conventions, Customary IHL Rule 28) that support the humanitarian norms protecting healthcare. Below we comment on the limitations of efforts to support or implement these norms.

State-Level Positioning and Diplomacy: The issue of attacks on healthcare, despite intermittent attention and support from various states, lacks a consistent, high-level champion. Following the adoption of UNSCR 2286, a group of Geneva-based diplomatic missions, known as the 'Friends of 2286' and led by Canada and Switzerland, was established; it is unfortunately no longer active. The EU funded a coalition of NGOs and academics to leverage data, tools, and advocacy to document, prevent, and mitigate the impacts of these attacks, but funding has since ended. A recent WISH-WHO report outlines a series of priority recommendations for stakeholders capable of addressing this issue. Chief among these is the call to convene a global alliance for the protection of healthcare in conflict, emphasising the crucial role of state champions in driving this initiative forward.



New York, United States. 03rd May, 2016. The fifteen member of the Security Council raise their hands and unanimously adopt Resolution 2286. The United Nations Security Council unanimously adopted Resolution 2286 on the protection of civilian medical workers and facilities in conflict zones globally, and heard briefings from UN Secretary-General Ban Ki-moon, International Committee of the Red Cross President Peter Maurer and Medecins Sans Frontieres President Joanne Liu. © Albin Lohr-Jones/Pacific Press/Alamy Live News.

Broader Engagement: Whilst almost all stakeholders agree that UNSC Resolutions are a useful tool to invigorate action and signal international commitment, their existence is necessary but not sufficient. Broader consistent engagements across diverse stakeholders including international organisations, NGOs and civil society are necessary but until recently there has been lack of a coherent framework for and collaborative action on this issue across a range of actors. Both are essential to translate resolutions into actionable measures, ensuring sustained attention, resources, and effective strategies.

Framing the Issue: Violations of the humanitarian norm to protect healthcare in conflict take such a wide variety of forms that effectively communicating a message of prevention to enforce the norm has proven challenging. While slogans like ‘Healthcare in Danger’ (from the [ICRC](#) campaign) and ‘Medical Care Under Fire’ (from [MSF](#)) and ‘#NotaTarget’ are impactful and memorable, they lack a clear, actionable directive on how to address or prevent violations. As one long-term practitioner explained, it is essential to craft messaging and imagery that not only convey the gravity of the issue but also project a sense of ‘hope’ to inspire action and change. [Numerous initiatives](#) document incidents of violence against healthcare and their impact. These have resulted in growing media coverage but have not yet translated to effective pressure on perpetrators to change behaviour – particularly since [SHCC data](#) point to more frequent state violations of the norm to protect healthcare. This underscores both the need for more effective communication strategies and consistent attention, as well as additional efforts to combat impunity.

Accountability: There is broad consensus that a lack of accountability and the utter impunity many of perpetrators of attacks enjoy are significant barriers to the effective implementation of the norm to protect healthcare. The inconsistency, hypocrisy, and politicisation surrounding the issue—visible, for example, in the differing responses to perpetrators in Ukraine, Gaza, and Sudan—undermine the credibility of the norm and IHL. This selective enforcement erodes trust in the system and weakens the effectiveness of efforts to uphold and implement measures designed to protect healthcare in conflict. Many experts interviewed for this paper stressed that the leadership of the US, UK, Germany and other states on humanitarian norms is perceived to have been dealt a devastating blow because of the different approaches to crimes in Ukraine versus Gaza. Addressing these disparities is essential to restore legitimacy and ensure the norm’s consistent application across all contexts.

Section 4 Potential Scope for Action to Advance Norms on Protecting Healthcare in Conflict

This final section outlines a series of options for individual states or groups of states to advance and strengthen norms protecting healthcare in conflict. In the current context of assault on humanitarian law, norms and institutions by major powers and governments aligned with them, a ‘coalition of the willing’ and alignment of like-minded states, as was evidenced in the Campaign to Ban Landmines, among others, is urgently needed. A number of committed states, working in tandem with a coalition of committed civil society leaders and stakeholders could make a strong impact. Such coalitions may be difficult to sustain, particularly in a context of scarce funding and the consequent organisational contraction. Especially important is action and alignment across the full humanitarian agenda, in order to leverage small wins or successes for related topics (e.g., wins related to EWIPA could support protection of healthcare and vice versa). At the time of this writing, an alarming combination of dire funding reductions in humanitarian and global health aid, largely due to the dismantling of USAID and US withdrawal from WHO, combined with overt flouting of humanitarian norms by major military powers portends an even greater crisis. These threats demand a much stronger alliance of governments and civil society working across all sectors to bolster and defend humanitarian norms and global health.

As in the previous sections, we group these options into categories around our four themes of: State-level positioning and diplomacy; Broader engagement; Framing the issue; and Accountability.

1. State-level Positioning and Diplomacy

- ***Commit to being a visible champion on this issue.*** Committing to be a champion requires states to take up the leadership mantle. As part of this agenda, states should commit to support ‘campaigning’ to clarify and uphold IHL and the norm of protection of healthcare. This could include: holding perpetrators accountable via various mechanisms (see below); supporting the protection of health facilities, staff and patients under threat; and pushing back against ‘normalising’ violations and harms, which occurs when egregious and continuous attacks occur without governmental and intergovernmental condemnation, or worse, when disingenuous or inaccurate justifications are put forward by alleged perpetrators without rebuke or consequences.
- ***Engage/collaborate with other like-minded states.*** Identify 4-6 other committed governments through one-on-one/bilateral meetings, including strategic engagement with Global South states to lead this engagement (e.g., outgoing non-permanent members of the UN Security Council). Focusing efforts on states that are willing and enthusiastic champions of the principle of protection in healthcare is likely to be more effective than trying to bring violators or defenders on board in the first instance. Building a coalition of staunch supporters helps to produce momentum for campaigning that can later be leveraged to highlight states as outliers for not supporting the norm.

Likewise, speaking to current experience could prove useful in convincing other states to join an alliance (e.g., the UK report on voluntary implementation of IHL at the domestic level).

- ***Use convening power to set an agenda.*** Once state champions have been identified, they should use their convening power to bring together governments/NGO/IGO/UN agencies, and fora (e.g., WISH) leaders for smaller meeting of to discuss, develop and commit to launching a short and long-term strategy to elevate the protection of health in conflict as a major global priority. This is in line with the recommendation from the WISH report (referred to above) to ‘convene a global alliance for the protection of healthcare in conflict.’
- ***Consider a new political declaration,*** outside UNSC processes, to create strong consensus and commitment by willing and supportive states. Such an effort would require attention to focus and scope of a declaration, as well as visible and behind-the-scenes diplomatic efforts. This could involve engaging more deeply with human rights actors such as the Office of the High Commissioner for Human Rights, the Human Rights Council, and relevant Commissions of Inquiry to advance the declaration.
- ***Leadership on protecting health in conflict requires ‘committed and courageous’ action.*** To support a humanitarian norm with credibility and courage, it is important for states to hold a strong line in the face of opposition. States must be equally concerned about promoting and defending norms among ‘allies’ as among ‘enemies.’ This includes holding all perpetrators, whether allies or not, to the same standards and pushing back against convenient or even perverse interpretations of IHL and laws of humanity that are being used to justify egregious attacks on health facilities. A selective approach weakens the overall effort. This should encompass confronting government use of terrorist designations as reasons to exclude protections, in violation of the principles of IHL.
- ***Establish a national-level effort to promote the protection of healthcare:*** A cross-governmental, national-level effort, via a national committee on IHL or a specific protection of healthcare committee, could assist in building momentum within a state to support international engagement (e.g., in negotiating treaties, participating in international conferences, or giving assistance to other states in meeting their IHL obligations). Such committees could bring attention and support to humanitarian initiatives across government departments and promote collaboration with the ICRC via national societies. They should also engage with their militaries regarding rules of engagement, training of personnel on IHL, and other military doctrine. Including a humanitarian organisation on the membership of the committee will assist with supplementing engagement beyond government ministries (see below).
- ***Work through ministries of health and institutions training the (future) healthcare workforce to educate healthcare workers*** on the issue of protection of healthcare, particularly in situations of conflict. While IHL is a key legal framework, egregious attacks on healthcare, particularly personnel, frequently occur in non-conflict contexts. Thus, including material about the range of attacks on healthcare and strategies for prevention and mitigation could be integrated into core national-level medical training. (See also below, on training for staff on security risk management).

- **Revisit the marking of health facilities via recognised insignia and examine the challenges and successes of ‘humanitarian notification’ (aka ‘deconfliction’) mechanisms to protect health facilities.** Historically, it was believed that putting identifiable insignia on health facilities, transport and personnel would provide protection. This was a key element of the [Misión Médica campaign in Colombia](#). Agreements among conflict parties, both state and non-state actors, regarding the protection of recognised and shared sites as well as humanitarian personnel and transport has been successful in some conflict zones (e.g., Afghanistan, where the US bombing of the MSF Hospital in Kunduz and subsequent publicity and pressure may have reinforced rather than challenged efforts at ‘deconfliction’ in some quarters). In other places, notification/deconfliction has a controversial history (e.g., Syria where Russian planes bombed ‘deconflicted’ hospital [sites](#)). In complex crises where multiple conflict parties are managing hospitals or providing healthcare in addition to caring for their own sick and wounded, training on protections due to the medical mission is important. Critical to this training are efforts by parties including the ICRC, UN agencies, and NGOs (e.g., [Geneva Call](#) or humanitarian NGOs) to negotiate respect for health facilities, personnel, transport and the uses of insignia. [Humanitarian notification systems](#) are an important potential tool for protecting healthcare, but their uses and abuses as well as lessons from previous use could be researched in more depth and must be monitored as a practical measure for civilian protection.

2. Broader Engagement

- **Support civil society campaigning by facilitating coordination and supporting sustained collaborative initiatives.** States can use their convening power to expand information-sharing, networking, communication and coordination among concerned groups and individual experts and leaders. This involves amplifying documentation, research and campaigning internally (within a state) and with other state and international organisations (e.g., sharing [research, data and reports](#)) in diplomatic circles. In the current constrained environment, states can also provide crucial support for coordination of collaborative efforts and monitoring mechanisms.
- **Support and fund civil society initiatives,** especially local organisations that are affected by and closest to the violations. Overall, among expert interviewees for this paper from a range of fields and sectors, there was near unanimous agreement on this critical recommendation to states. In particular, such funding could focus on independent monitoring to promote compliance and ensure sustained attention to violations. Such outreach and support should encompass efforts to engage non-state actors.
- **Embed security risk management funding** as a budget line in health programming in locations where health facilities and personnel are under threat. This already exists for humanitarian programming and should be extended to health programmes, particularly for local healthcare providers. Such funding could also support efforts to plan for and mitigate the impact of attacks, especially psychosocial support after attacks, thereby implementing findings from existing RIAH research (in [Myanmar](#), [Colombia](#), and [Nepal](#)). This could include establishing a community of practice, like the SSD example above, which illustrates operational demand and the potential success of sharing practical lessons.

3. Framing the Issue

- ***Initiate newly revitalised campaigning with bold imagery and messaging.*** Such an effort should include:
 - Clearer naming of the problem and framing as a humanitarian/human rights issue. Using simple, focused messages and goals addressing: What is the problem? How can we confront it? What is expected of stakeholders? What actions can interested organisations/individuals take to support the protection of healthcare in conflict?
 - Support for public awareness, via sharing research and campaigning material from stakeholder organisations, organising workshops for journalists to support IHL-informed coverage of norm violations, encouraging the development of corollary messaging to reach various audiences.
 - Highlight the impact on those most affected by the attacks, rather than a primary focus on the perpetrators, especially as targeting vulnerable populations and forcing them to flee or succumb to disease or death from injuries is all too often a deliberate strategy of war.
 - Support visual aids for campaigning, such as documentary and film (e.g., the visuals of the bombing of the MSF Hospital in Kunduz Afghanistan by US aircraft) or visual aids for documentation (e.g., visual documentation of before and after attacks in Gaza or Ukraine; the work of organisations such as [Forensic Architecture](#) that are investigating attacks on healthcare).

4. Accountability

- ***Together with other champions, regularly and publicly condemn attacks*** (and in coordination with humanitarian and human rights experts from civil society, as relevant) with specific advocacy as appropriate for targeted sanctions, accountability, and protection mechanisms. Condemnations could adopt an approach similar to that of EWIPA (i.e., even if it is legal, it may not be right or moral). At a minimum, commit resources to engage in behind-the-scenes diplomacy to support the consistent enforcement of IHL and counteract impunity for attacks.
- ***Strengthen efforts to promote protection of healthcare norms that already exist under IHL.*** This could include initiating a multi-government approach that strengthens existing law and compliance:
 1. In line with existing international courts, tribunals, and commissions (e.g., the [International Humanitarian Fact-Finding Commission](#)) urge an interpretation of IHL (related to on targeting and proportionality) that privileges civilian protection;
 2. Promote strategic prosecutions of health-related violations of law;
 3. Support universal jurisdiction cases;
 4. Draw on language from existing UNSCRs and GA statements, as well as human rights law in collaboration with the OHCHR and Human Rights Council, to reinforce legal protection.

- ***Ensure consistency of public messaging on accountability for protecting healthcare.*** Gaza, Sudan, Ukraine all require appropriate and concerted investigation and accountability. This consistency would help in overcoming selectivity in messaging and actions, which undermines norms, and promote a message that all states are essential to credibility and progress. This includes calling out misinterpretation, or ‘perversion’ of the norm by governments that state their adherence to IHL and questioning the use of terrorist designation as way to exclude some populations from protection.

Protection of healthcare in conflict is a vital humanitarian norm that is desperately in need of some bold, new, concerted initiatives. Lessons from other efforts can prove invaluable in guiding a strategy where courageous and consistent government leadership collaborating with civil society could significantly reinforce and bolster the norm.

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Abbreviations:

Acronym	Full Form
AU	African Union
CAAC	Children Affected by Armed Conflict
DFID	Department for International Development (UK)
EWIPA	Explosive Weapons in Populated Areas
FCDO	Foreign, Commonwealth and Development Office (UK)
FCO	Foreign and Commonwealth Office (UK)
GCPEA	Global Coalition to Protect Education from Attack
ICBL	International Campaign to Ban Landmines
ICC	International Criminal Court
ICRC	International Committee of the Red Cross
IHL	International Humanitarian Law
IIMP	Independent Institution on Missing Persons
INEW	International Network on Explosive Weapons
MoD	Ministry of Defence
MRM	Monitoring and Reporting Mechanism
MSF	Médecins Sans Frontières (Doctors Without Borders)
NGO	Non-Governmental Organization
OHCHR	Office of the High Commissioner for Human Rights
PSVI	Preventing Sexual Violence Initiative
RIAH	Researching the Impact of Attacks on Healthcare
SC	Security Council (UN)
SHCC	Safeguarding Health in Conflict Coalition
SSD	Safe Schools Declaration
SV	Sexual Violence
UN	United Nations
UNGA	United Nations General Assembly
UNHCR	United Nations High Commissioner for Refugees
UNSCR	United Nations Security Council Resolution
UNSG	United Nations Secretary-General
WISH	World Innovation Summit for Health
WHO	World Health Organization
WPS	Women, Peace and Security (Agenda)

