Mapping report on actions and plans by states and civil society to protect health in conflict

March 2026

Acknowledgments

This report was written by Ana Elisa Barbar and Susannah Sirkin on behalf of the Researching the Impact of Attacks on Health (RIAH) Consortium. The RIAH project is funded with UK International Development from the UK Government as part of its investment in research and evidence.

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Executive Summary

Attacks on health care in armed conflict have intensified over the past decade, eroding compliance with international humanitarian law (IHL) and devastating health systems. Despite the adoption of UN Security Council Resolution 2286 (2016), violations against medical personnel, facilities, and patients persist with minimal accountability. Technological changes in warfare, political polarisation, shrinking humanitarian resources, and weakened multilateral coordination have created a climate in which impunity is increasingly normalised. Current responses remain fragmented and insufficient to reverse this trajectory.

This report draws on 21 structured interviews conducted in 2025 with representatives of governments, international organisations, humanitarian actors, civil society groups, and researchers. It maps existing efforts, identifies systemic barriers, and outlines strategic opportunities—particularly in light of the 10th anniversary of UNSC Resolution 2286 in 2026.

Key findings indicate fragmented advocacy, weak coordination across levels, and persistent gaps in the implementation of IHL. Limited primary data collection and political sensitivities continue to restrict effective engagement. Although state leadership has grown, it remains insufficient, with funding cuts and staff turnover further undermining progress.

Priority actions include strengthening coordination, supporting state champions, improving evidence and accountability pathways, and building technical and operational resilience. Opportunities to advance impact include leveraging the 10th anniversary of UNSC Resolution 2286, working more strategically with committed states, enhancing data systems, and expanding mechanisms that promote accountability.

Overall, the findings show that stronger state leadership, coordinated action, and improved evidence and accountability systems are essential to reduce the escalating impact of attacks on health care.

Core Findings

Advocacy is active but strategically fragmented

Most stakeholders prioritise global advocacy and high-level messaging. However, coordination is weak, efforts are concentrated in Geneva and New York, and regional diplomacy remains underutilised. Competition, duplication, and the absence of a shared long-term strategy dilute collective influence as *ad hoc* events drain stakeholders' attention without a clear goal to advance on the agenda.

Shortcomings in evidence systems, alongside erosion of IHL, challenge efforts for influencing and accountability

Credible documentation of attacks is widely recognised as essential, yet primary data collection is limited and uneven. Many government actors lack familiarity with existing monitoring mechanisms and gaps persist in documenting long-term health system impacts, economic consequences, and weapon-specific effects. Legal and diplomatic tools to address violations are rarely pursued and while many states reaffirm commitment to existing IHL, implementation gaps and contested interpretations of the existing law undermine enforcement. Political sensitivities further inhibit meaningful discussions on protection and accountability, while new warfare technologies are adopted in the battlefield, used frequently in attacks against the medical mission.

State leadership increases and remains indispensable, yet is still insufficient

Protection of health care is largely driven by humanitarian and civil society actors. Coordination between missions and capitals is inconsistent. Nonetheless, there is identifiable potential for state champions to catalyse renewed diplomatic engagement, as seen in recent months through the participation of States in key initiatives that pursue better understanding in IHL.

Despite strong solidarity, structural barriers reduce capacity to deliver

Funding reductions, staff turnover, institutional fragmentation, and crisis-driven policymaking limit sustained engagement. Anniversary events risk becoming symbolic unless paired with concrete, well-coordinated commitments.

2026 and the 10th Anniversary of UNSC Resolution 2286

The anniversary of the resolution presents a critical opportunity to shift from declaratory support to measurable action. Without deliberate coordination of efforts and dedicated state leadership, the protection agenda will continue to lose traction amid broader erosion of humanitarian norms.

Priority Actions

1. Mobilise and Support State Champions

Identify committed governments to lead sustained diplomatic engagement at global and regional levels, including follow-through beyond high-level events.

2. Establish a Formal Action and Coordination Mechanism

Create or reinvigorate a multi-stakeholder platform to align diplomatic engagement, advocacy, research, and technical initiatives under a shared multi-year strategy with defined objectives.

3. Strengthen Evidence Infrastructure

Invest in standardised, transparent data collection and multidisciplinary research, including documentation of long-term system impacts and emerging weapon technologies. Improve data sharing to support advocacy and accountability.

4. Expand Accountability Pathways

Leverage universal jurisdiction, regional human rights bodies, targeted sanctions, and coordinated diplomatic measures to address impunity for attacks on health care.

5. Build Technical and Operational Resilience

Support training for health workers on legal protections and risk mitigation and convene expert forums to address documentation standards and evolving warfare technologies.

Protecting health care in conflict now requires coordinated state leadership, strengthened evidence systems, and credible accountability measures. Absent these steps, the erosion of legal protections will continue, placing health workers, patients, and health systems at increasing risk.

Introduction

Attacks on healthcare have become a grim feature of modern armed conflict during the past decade. This troubling trend has been rigorously documented by the Researching the Impact of Attacks on Healthcare (RIAH) consortium and the Safeguarding Health in Conflict Coalition (SHCC). Technological advancements in warfare, including increasing use of drones and the instrumentalisation of International Humanitarian Law (IHL), have enabled intensification of such attacks, endangering thousands of healthcare workers, patients, transport, and facilities essential to the provision of care. Compounding the situation are dwindling humanitarian aid resources and a marked political reluctance to hold perpetrators accountable for harms and IHL violations.

As of writing in early 2026, the landscape of lawlessness is further enabled by a lack of robust leadership or coordinated response by key institutions, organisations, and governments that have officially pledged to protect and defend the medical mission during armed conflicts. Previous collaborative efforts such as International Committee of the Red Cross' (ICRC) 'Community of Concern' or the diplomatic, Geneva-based 'Group of Friends of 2286' have languished or dissolved, leaving no active, formal coordination bodies. As initially planned for the project, RIAH will also finalise its research and uptake cycle in March 2026, leaving further gaps in support for coordination amongst stakeholders working on the protection of healthcare. This is partly due to the fact that the research consortium functioned as a hub for thematic discussions and joint projects and provided dedicated funding and technical guidance to key experts and stakeholders.

As evidenced below, the disjointed nature of existing initiatives, often focused on narrow aspects such as legal protection or data collection, underscores the need for a holistic and unified strategy to drive international action. This assessment comes as the United Nations and NGOs reckon with the 10-year anniversary of UN Security Council Resolution 2286 on the protection of healthcare in conflict. For this occasion, a number of States, NGOs and international institutions are attempting to leverage their working networks, and their capacity to mobilise others and promote change.

As part of its work to disseminate its findings and encourage further engagement, the RIAH project has carried out this effort to map existing plans and appetite for engagement of various stakeholders on protection of healthcare in conflict. In response, funded by the United Kingdom's Foreign, Commonwealth & Development Office (FCDO), RIAH is documenting these various initiatives with the aim of setting a firm foundation for consolidation of the multifaceted stakeholder initiatives on protection of healthcare. Drawing inspiration from other successful protection initiatives, such as those against the use of explosive weapons in populated areas and against attacks on education,[1] this mapping effort and analysis seeks to position civil society and State actors as catalysts for meaningful change.

On behalf of RIAH, two consultants interviewed diplomatic representatives, file-holders from humanitarian and civil society organisations and researchers, using a structured questionnaire to inquire into assessments on the current reality, policy positions, and capacities and interest in engaging further on the issue. They also asked about aspirations and potential strategic

[1] See dedicated report "Normative States: Successes, Failures and Lessons for Protection of Healthcare".

advancements that the agenda could embrace in the coming years. The consultants carried out 21 virtual interviews between July and December 2025. The distribution of stakeholders by background can be seen in Figure 1.

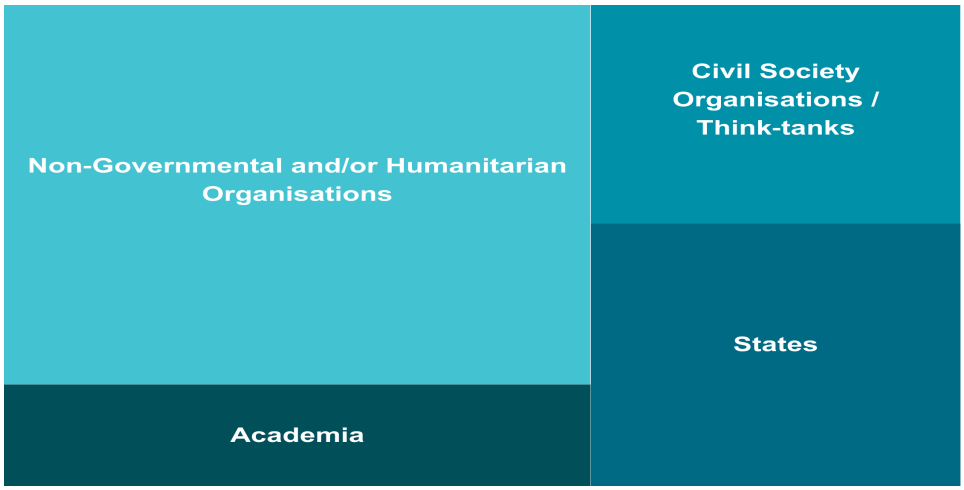

Figure 1 – Distribution of stakeholders by background

This report delves into content that surfaced in the interviews, highlighting current projects and strategies employed by stakeholders to address protection of healthcare. It paints a picture of current efforts, opportunities, and barriers in the agenda of protection of healthcare. Most importantly, it highlights existing challenges and opportunities for advancing this critical agenda, as identified by the interviewees. Finally, the report shares recommendations to strengthen protection mechanisms and align efforts across sectors and institutions, paving the way for sustainable action, based on the insights of the many interviews.

For most organisations, the issue of protection of healthcare is held by policy or legal representatives. In only a few cases did interviewees have the file as a single (or core) topic in their work portfolio. In many cases, the work is attached to a broad humanitarian or human rights file, sometimes connected to direct communication or advocacy activities. In humanitarian organisations, some of the file-holders have a direct connection to emergency response. For most government interviewees, the protection of healthcare is covered by individuals either in the humanitarian department, focusing on protection of civilians or delivery of emergency assistance, or in a legal or policy department, focusing on adherence to international law and norms.

Of those approached by the researchers for interviews, international NGOs were the most responsive, while more than half of the 17 States approached did not respond or delayed confirming meetings. Many States have no expert specifically focused on this aspect of humanitarian law or norms, and it took weeks or months to locate a relevant interviewee. The consultants acknowledge that the timing dedicated to the project (European summer months, and later the UNGA preparation time combined with time-sensitive humanitarian crises requiring immediate attention) was not ideal to engage with representatives who might have had other important activities during these months. Nonetheless, the delays and low level of response to requests for interviews from the state sector (*see comments in the 'Barriers' section*) were significant.

Key Findings

Current efforts and plans to address protection of healthcare

- **Global messaging and advocacy** to denounce attacks and prevent further violence surfaced as a predominant focus, reflecting the necessity of addressing healthcare protection on an international scale.

Almost all respondents indicated global awareness and advocacy actions as central to their efforts, underscoring the importance of building worldwide awareness and influencing policy through high-level engagement. Local and regional advocacy during emergencies also played a significant role in the current work, with more than half of all stakeholders mentioning this type of engagement. Interestingly, it seemed most local and regional advocacy by NGOs was conducted toward local or community-level authorities rather than with high-level stakeholders in regional fora. International efforts by States, in contrast, were mostly limited to statements at meetings with little associated action, even at the domestic level, or demonstrated impact in improving protection or achieving accountability. This demonstrated a concentration of advocacy that jumps from the global humanitarian capitals (Geneva, New York) to the areas of direct work in emergency response, skipping the potential of regional, state-led organisations and opportunities for influencing influential and powerful authorities.

The SHCC was mentioned by civil society organisations, alongside the ICRC, as a leading actor in the identification of pressure points for advocacy. Despite most stakeholders pointing to SHCC's current work on advocacy, many mentioned a lack of alignment on the priorities within the agenda that sometimes generates a certain 'competition' around topics to address and on the spaces where the issues should be elevated.[2] The differences in mandates and constraints in the scope of work of each organisation were often used to justify challenges of embracing a unified agenda for advocacy.

- Many interviewees repeatedly emphasised the need for **improving incident reporting practices and expanding data collection** on attacks.

Data dissemination was identified by stakeholders as a critical activity, essential as a baseline for driving accountability. Most interviewees prioritised sharing credible documentation and information on incidents to inform policy discussions and public awareness, with the majority reporting engagement on data distribution efforts. Most civil society stakeholders were aware of the SHCC Annual Report and referred to it as a key source for data. However, several key government interviewees with humanitarian portfolios were unaware or only vaguely aware of the Coalition or its reports. Some also mentioned Insecurity Insight's updates and the public dashboard of the World Health Organisation as critical sources of information.

Interviewees expressed interest in understanding long-term impacts, such as health system disruptions and economic effects of attacks. Despite the seeming interest in accurate, complex data, few organisations were carrying out work on data collection, and those who usually collected data tended not to publish such information for public dissemination or advocacy, as it was not the goal of their data collection. It seems, therefore, that for most organisations the

[2] Most stakeholder mention the same high-level fora for the advocacy to take place: the United Nations' Security Council and General Assembly, the Human Rights Council, and the World Health Assembly. There was no mention of regional bodies or regional gatherings being currently targeted by the advocacy efforts.

issue of improving documentation was an advocacy project using documentation carried out by others, instead of a project intended to be implemented by the institution itself.

- Efforts to **bolster accountability or to influence the legal framework** were mentioned with less frequency, highlighting the need to strengthen mechanisms to ensure compliance with the law.

State representatives who spoke to the consultants were not informed about or authorised to discuss international criminal accountability if their portfolio was largely humanitarian, focusing on aid more than protection or prevention. Regarding reforms and updates of the legal framework, there was a range of opinions among stakeholders: some believed the existing body of law was sufficient, and what was lacking was implementation. Other stakeholders were convinced that current laws and understandings must be updated and reinforced, as current interpretations and uses of legal texts (given gaps or language that were open to interpretation and used to justify direct attacks on health facilities, for instance) were being instrumentalised to enable attacks with impunity. Frequent mentions to possible updated or new international resolutions of declarations were presented by stakeholders, but without clarity regarding the content of such potential instruments.

Very little mentioned, but equally vital, were activities focused on capacity-building and direct response to attacks, such as protection work and emergency response measures.

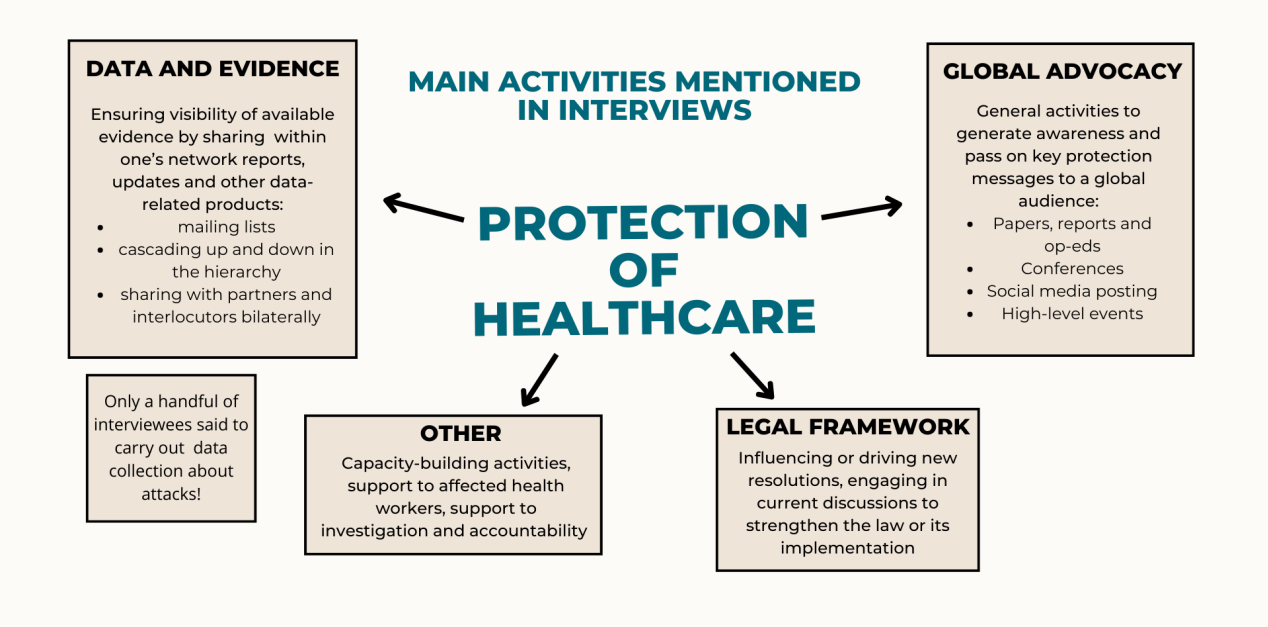

Figure 2 – Illustration of activities described as the current work of interviewees

The types of activities or projects directly addressing protection of healthcare and most mentioned by interlocutors were:

- Development and strategic dissemination of papers, op-eds, and reports (on data or general advocacy)
- Engaging in high-level international fora
- Use of memorial dates or anniversaries, conferences, and/or social media to generate awareness on attacks on healthcare

- Generating visibility of the operational challenges highlighted by partners in humanitarian settings
- Research collaborations
- Bilateral advocacy to influence decision-makers within the scope of each organisation
- Timely activities for capacity-building and support to affected health workers
- Effective accountability measures, including concerted diplomacy, sanctions, and use of a range of legal fora
- Improving communication among aligned governments and international governmental organisations such as WHO and the UN Secretary-General to develop more robust responses to violations in real time

Barriers to progress

Challenges persist, with political and diplomatic barriers, lack of coordination between stakeholders, and funding constraints posing significant hurdles. Some interviewees demonstrated a certain frustration with the current environment, in which both interest and action on protection of healthcare seem to have declined in comparison to a decade prior.

- An important shortcoming for strengthening the work is the **current lack of leadership and coordination of efforts.**

In terms of organisational or systemic challenges, it was noted that the issue might be fragmented internally. As a group of interested parties, virtually all of the interviewees mentioned that lack of leadership in the file, as well as little coordination amongst the organisations, is a huge barrier to keeping the agenda afloat and meaningful. Among issues mentioned were the lack of communication on future plans, lack of dissemination of activities and events, absence of strategic discussions on the future of protecting health, lack of clear and sustained partnerships (with, at times, duplication of efforts) and/or collaborative planning, and reduced cooperation and sharing of technical knowledge to support the way forward.

- **Gaps in the learning curve exist**, even within institutions.

During the months of work on this mapping project, some interviewees were surprised to learn of initiatives coming from their own institutions, and a few overlapping efforts were identified in the bilateral conversations (in which case, stakeholders were duly informed of the situation, to prevent duplication). This gap in internal communication creates a drag on the potential to build momentum in advocacy. Moreover, rotations and gaps in representation, budget cuts and attempts to concentrate a vast range of 'humanitarian topics' under a single position within organisations most often meant that senior file-holders are overburdened, and the new ones must 'start again' with superficial understanding of the thematic and the working environment. This slow learning curve impacts on the capacity to advance thematic debates.

- Significant shortcomings were noted in the **capacity to document violent events.**

Most interlocutors used or disseminated data provided by either WHO or Insecurity Insight (often through SHCC annual reports), and very few actively contributed to the gathering of information. Some humanitarian organisations, mentioning their independent work, preferred not to share internal data with external organisations.

- **Shrinking resources and competing agendas** are constraining the capacity to engage in meaningful work.

The issue of shrinking resources was addressed by almost all stakeholders, though with varying degrees of impact. Some pointed out that organisational ambitions had been adjusted to the current reality of limited resources, with funding cuts managed internally without causing a serious gap. Others said that the lack of financial capacity was severely undermining the delivery of outcomes in programmes (especially in advocacy and capacity-building), ultimately reducing the capacity to create change. The current competitive funding environment also led to inefficient resource allocation and critical strategic choices, as many interviewees indicated that their teams and programs were overburdened and could not properly attend to the various files on their agendas.

At the level of States, it appeared that staff charged with addressing IHL and humanitarian response as well as human rights felt over-extended and reduced to putting out fires or dealing with the 'crisis of the week' rather than planning for the future. Once more, with respect to several member states, there is also relatively little, if any, communication, or coordination between and among UN level focal points, those at foreign ministries in the capital, and those in Geneva with UN Human Rights, ICRC, or WHO-facing representatives.

- An environment of **political polarisation** that challenges multilateral approaches and common agendas.

The scenario of funding cuts presented itself in connection to political polarisation, disinvestment in social and humanitarian causes, and greater focus by states on military and security issues. What could otherwise be an opportunity to address military practice and protection of healthcare was mentioned by some stakeholders as a moment of high sensitivity, in which national security is prioritised to the detriment of discussions around compliance with international law. The crisis in the Middle East made it even more challenging to discuss the topic of protection of healthcare, as some may fear coming under pressure to condemn acts by certain allied states including, for example, Israel's conduct in Gaza. Global uncertainty and even what some government representatives termed *chaos* has resulted in a certain cynicism or abandonment of efforts to galvanise around protecting health and other humanitarian norms in conflict.

- With respect to international law, the **broad picture of 'the erosion of IHL'** appears to hinder energy for efforts to advocate for compliance and implementation of existing rules.

While some stakeholders agreed this was a major issue that included challenges of promoting accountability, some interviewees understood that this was a moment of reckoning with the fact that IHL, as currently framed, is perceived by some states and policy experts as an inadequate or inappropriate fit for 21st century warfare. Referring to new technologies (e.g. drones), but also geopolitical networks, arms and financial global markets, and the asymmetry present in many battlegrounds, interviewees mentioned that there could be concrete gaps to address in the legal framework, beyond the agenda of implementation and compliance. At the same time, most state representatives interviewed during this process insisted that existing IHL needed to be reinforced and were quite emphatic in their governments' commitments to the laws protecting health in conflict.

- **Maintaining an active network, sustaining engagement**, and overcoming rotations and other gaps in personnel are important barriers.

During the process of mapping, but as also noted by interlocutors, a particular challenge to engagement on this issue emerged. The identification of stakeholders took considerable time, as even within close networks there is a certain reluctance to share contacts. Rotations of staff and positions had also impacted the identification of relevant interlocutors, and there was a marked loss of expertise and history on the issue as transitions occurred. This may have been particularly pronounced in the decade of the COVID-19 pandemic and its aftermath. Moreover, even organisations that have worked consistently on this issue took longer than hoped to respond. As above, this may be related to timing or reflecting the current state of overburden that had affected many humanitarian organisations as cuts were reducing the number of available staff. It might also have been related to lack of interest and/or potential sensitivities affecting continued work on protecting health. The accumulation of agenda priorities for those tasked with humanitarian and/or IHL-related items was also mentioned. Given the need to prioritise, only a few topics could be tackled at a given time.[3]

- **Event-driven, opportunistic engagement is the norm**, instead of strategic approaches to the problem.

Stakeholders mentioned that engaging in events as an opportunity to display interest and/or share policy positions had not advanced effective development of this agenda in recent years. While benefiting from public opportunities to highlight points of concern represent a regular way-of-working in diplomacy and global advocacy,[4] events usually represented a heavy burden in terms of preparation and usually do not allow enough space for discussing in-depth solutions to problems. Beyond recent reductions in teams and capacity to deliver in the humanitarian sector overall, the lack of a strategic approach to engage for the medium- or long-term with advocacy and clear outcomes for the protection agenda made it very difficult (especially for smaller organisations) to understand what to do next, and how to steer conversations, resorting to repetition of broad key messages that add very little to the conversation. As pointed out in interviews, the lack of communication amongst stakeholders caused a multiplicity of (often competing) events discussing similar topics, while in certain events and times of the year there was almost no substantive follow-up.

Some stakeholders pointed out that key gatherings are held on closed doors, with no opportunity for participation and no formal reporting to the wider network about the substance or outcomes of the discussions. Finally, it was noted that at many events the 'same messages were delivered by the same people', which indicated a strong concentration of representation in this area, and few new people being added to the debates.

Opportunities for expanding impact

Stakeholders identified several promising opportunities for renewed efforts in healthcare protection. Addressing existing gaps in data, alongside fostering high-level political commitment, seemed to be the most important next steps in the view of the stakeholders interviewed.

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[3] In this sense, some interviewees mentioned that the recent efforts with the agenda of protection of humanitarians absorbed most of the resources, driving the focus away from protection of healthcare.
[4] See report in footnote 1.

- **Acknowledge state champions and organisations that could develop a leadership role** in advancing the agenda.

Regarding continued engagement with and among stakeholders and decision-makers that could increase protection of healthcare, there was a consensus that States needed to be more active in an arena that has, to date, primarily comprises humanitarian and civil society organisations. The identification of such state champions and allies would be crucial – and some indication had already emerged in the interviews regarding those that might fulfil such a role. Some interviewees briefly mentioned the opportunity to address military practice in connection with protection of healthcare as a mechanism to further engage states.

While some interlocutors specifically mentioned the intentions and opportunities presented by potential resolutions and high-level meetings in Geneva and New York, others appeared sceptical of these approaches as being largely performative and proposed a broader convening of all committed stakeholders to discuss a more robust and effective strategy. Some appetite for the latter appeared to be confirmed by recent meetings, including the group working on effects of explosive weapons in populated areas (the EWIPA agenda), the WISH Foundation in late 2024, and the ICRC's IHL Initiative through 2026.[5] These three initiatives were bolstered by dedicated reports[6] published in the previous 18 months, complemented by the British Medical Association's report on protection of healthcare.[7]

One intention was to highlight this issue through an Arria-formula meeting in New York in 2026. Such an informal, confidential gathering of UN Security Council members would allow them to have frank and private exchanges of views with non-Council members including NGOs and civil society members. The Council could also consider certain updates to UNSC Resolution 2286 with an emphasis on the glaring failures of the past decade. Some states were also mobilising to increase their work in protection of healthcare, and apparently this will be the focus of an annual IHL retreat at Greentree in New York in 2026. It would be a unique opportunity for a dedicated off-the-record conference among Security Council members. Many stakeholders also envisaged the possibility of approaching state representatives at the regional level, benefiting from the various economic and social regional bodies across continents.

Of note, the process of reaching out to States also resulted in their increased awareness of this issue, as critical information about existing challenges and opportunities was shared during stakeholder interviews.

- Take advantage of the **10th anniversary of UNSC Resolution 2286** in 2026 and strive to maintain and build momentum.

Seizing on the opportunity of rallying around the upcoming 10th anniversary of the UNSC Resolution 2286 in May 2026 seemed to be a point of agreement amongst stakeholders. There was general agreement that this occasion would provide an opportunity to approach the issue

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[5] The ICRC's IHL Initiative is broad and encompasses various IHL themes. One of them is "Protection of Hospitals" – a dedicated pillar to discussing this category as protected objects.

[6] WISH Foundation report (November 2024): In the Line of Fire
EWIPA and impact on healthcare report (February 2025): How can healthcare access be strengthened in settings where explosive weapons are being used?
IHL Initiative progress report (October 2025): Global Initiative to Galvanize Political Commitment on IHL

[7] https://www.bma.org.uk/what-we-do/working-internationally/our-international-work/medicine-under-attack-the-increasing-assault-on-healthcare-in-conflict-zones

seriously and plan for next steps in coordination across geographies and sectors.[8] In January 2026, MSF kicked off the discussions by publishing a comprehensive report, informed by its operational experience and legal expertise, and dedicated to the discussion of protection of the medical mission in relation to the 10th anniversary.[9] Insecurity Insight, supported by RIAH, is also planning to publish a dedicated report in the first quarter of 2026.

It was optimistically suggested by interviewees that the plans for this anniversary should entail bold advocacy initiatives and commitments, and that stakeholders should have unified recommendations to ensure perception of cohesion and pressure for advancements. However, with one notable exception, it was unclear if there were adequate awareness, leadership, or resources necessary to galvanise a major focus on protecting health during the upcoming anniversary year. Quite a few interviewees, including focal points at the United Nations in New York, were unaware of or unfocused on the opportunities of this anniversary and had no current plans or engagement with aligned member states as of December 2025. In fact, it was the interaction with RIAH consultants that seemed to have prompted initial awareness on the part of several key member states.

- **Engage in current legal discussions to promote IHL** and eventually strengthen its implementation.

The IHL initiative led by the ICRC and key States in Geneva that convenes many States and independent experts was mentioned as an opportunity to strengthen the legal framework, with its focus on addressing conflicting interpretations of international humanitarian law and gathering good implementation practices. The IHL Initiative will convene a high-level meeting in November 2026 to conclude the many rounds of discussions, publishing a dedicated report with legal recommendations for thematic discussions.

Some opportunities were mentioned in the direction of joint, complementary work with the agenda of protection of humanitarians (which recently, after a large advocacy effort, resulted in a long list of countries endorsing a dedicated and action-focused Declaration for the Protection of Humanitarian Personnel), as well as that of protection of 'essential services' and the advocacy against use of explosive weapons in populated areas (EWIPA). A few stakeholders also suggested that the law should be updated to include means in modern warfare (e.g. drones, autonomous weapons) or to increase sanctioning through embargoing weapons and/or general trade with perpetrators, alongside other traditional sanctioning methods such as denying visas and targeted restrictions against individuals. Some researchers and advocacy groups are organising around an agenda to promote a complete ban on attacks against healthcare personnel and objects.

- Explore models to **expand and strengthen accountability** on specific violations of the protected status of healthcare personnel and health objects.

With regards to strengthening legal efforts towards accountability and upending the longstanding impunity for attacks on health, some interlocutors suggested using models from transitional justice efforts, including prosecutions under universal jurisdiction or accessing regional courts and tribunals. Such initiatives could expand and enhance accountability on violations related to the medical mission that have been sorely lacking. It was suggested that

[8] Curiously, a few stakeholders also mentioned the risk that this will be a lost opportunity in case the focus is too much on events that only repeat common places in the advocacy agenda.
[9] MSF report (January 2026): Medical care in the crosshairs

international human rights bodies were underexplored, though they could potentially contribute to condemnation of violations and press for access to healthcare/the right to health in armed conflicts.

- Continue **developing and reinforcing data collection** systems.

Beyond bringing perpetrators to justice, there was an interest in reinforcing data collection for better understanding of and addressing the broader impact of attacks. This includes effects on the mental health of local health workers, community resilience, and impact on the provision of care through disruption of services. RIAH was acknowledged as having started these studies, but stakeholders insisted that there was much more to be done, with additional multi-disciplinary research and the use of more robust data collection, including by senior researchers (not only master's students). Interestingly, a few interlocutors suggested studies on the impact of specific weapons, also pointing out that many incidents were not properly documented in terms of weaponry and impact, therefore creating a gap in understanding. Some stakeholders indicated that the current WHO Surveillance System for Attacks on Healthcare (SSA) did not provide sufficient information, and as much as it serves some degree of advocacy, a more comprehensive, detailed data mechanism should be implemented,[10] likely with wider data sharing.

- Encourage and **support solidarity among health workers**, through dedicated networks.

Finally, interviewees suggested that fostering solidarity among health workers and community groups affected by attacks should be a focus of support and action, using local campaigns, social media, and story-telling techniques. Potential 'umbrella campaigns', which could produce and share simple protection messages and be replicated by many stakeholders, were said to keep the momentum generated after high-profile events. An idea behind solidarity efforts was also to expand the geographic scope of programs (both in capacity-building and in protective measures), bridging interested partners and groups that might benefit from such activities, and reaching out directly to health workers to drive their advocacy work.

Stakeholders exclusively involved with professional associations seem to be very interested in expanding the knowledge of their members on the topic, not just for self-protection but also to strengthen mobilisation.

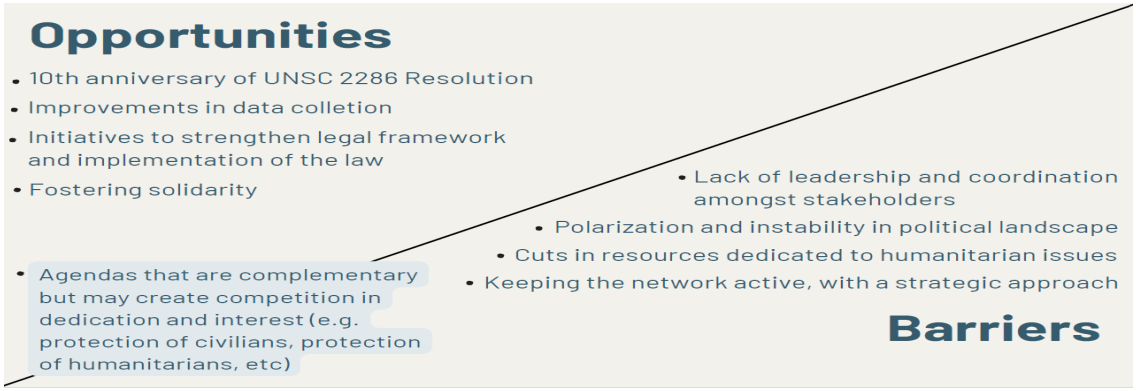

Figure 3 – Main opportunities and barriers mentioned by interviewees

[10] Concretely, very few alternatives are presented by the interviewees: they mentioned the need to do 'more', yet don't seem ready to discuss other solutions, which points to the need to inform and steer the debate with clear technical discussions about data collection, its purposes and means.

Key Points for Urgent Action Based on Mapping Assessment

While supporting the many recommendations already put forward in the reports mentioned in this mapping process (*see specifically footnotes 1, 5, 6, 7 and 8)*, this section presents elements arising from the interviews and from the analysis carried out by the report's authors as urgent steps to be taken by stakeholders interested in strengthening the work on protection of healthcare.

- **Leadership/Champions, particularly at the State level, are urgently needed** step up to coordinate, convene, and guide this agenda. At the highest levels, champions of this issue must move beyond statements and resolutions to actions that have an impact, following a strategic agenda and not just opportunistic engagement. Given the paralysis and politics of the Security Council, other forums for change are also needed. Government leaders should act unilaterally or join several in concert to exert diplomatic pressure on violators, including delivering more public condemnation at high levels when violations occur. The idea of a Special Representative or a Listing mechanism should be considered as States and UN leadership, and relevant inter-governmental organisations, convene.
- **Create a dedicated working structure** to disseminate information, coordinate actions, and mobilise responses is critically needed. This will require an investment and possibly a new credible entity that commands authority and access to decision-makers, holds convening power and is able and willing to connect and engage with stakeholders, whether they be States, existing international bodies, or representatives of civil society. This structure should also ensure continued learning to maintain continuity across many rotating positions in States and organisations and amplify voices of stakeholders who may not have the capacity to engage in high-level events or mechanisms.
- **Optimise the calendar year of 2026** to recharge and galvanise the global community as it assesses both the massive failures and necessity to enforce UNSC Resolution 2286. Dedicate resources (financial and human) to assess how to contribute to the agenda, move forward based on these critical conversations, and commit to continued coordination to reinforce the impact of actions.

Ongoing priorities

Drawing from the valuable perspectives shared by the interviewed stakeholders as well as from RIAH research, convenings, and input from a range of expert stakeholders throughout this process, additional recommendations are presented below.

SUSTAINING NETWORK COORDINATION - Strengthening coordination and collaboration

Enhance multisectoral engagement: Foster stronger collaborations amongst and with diverse academic institutions, NGOs, civil society organisations, and state actors to build comprehensive support networks and leverage diverse expertise for healthcare protection. Reduce competition by proposing and implementing projects jointly, potentially expanding the impact of interventions.

Increase media and public engagement: Utilise storytelling and media partnerships to amplify the impact of advocacy efforts and engage wider audiences, thus maintaining momentum and awareness, not only for the UNSC Resolution 2286 anniversary (*see the report 'Normative States,' in footnote 1)*. Connect and train journalists with interest in the agenda.

DIPLOMACY, STATE-LEVEL WORK - Expanding advocacy and visibility in a meaningful manner

Leverage international platforms, but also at regional level: Engage actively in global fora to influence policy development and foster high-level diplomacy but also target regional high-level organisations to ensure build-up of political interest. Work to ensure efforts are aligned within and between critical locales from New York to Geneva, to capitals and local and regional conflict areas.

Promote yearly agendas to coordinate opportunities: Avoid last-minute pop-up events that add little to the discussion and overburden stakeholders with superficial, rushed preparation.

TECHNICAL SUPPORT - Building technical capacity and resilience

Invest in training for the affected population: Ensure that healthcare workers receive training on legal frameworks, IHL, and best practices for self-protection in emergencies and conflict, including appropriate security management, contingency plans, and evacuation support.

Support implementation of measures to respond to and mitigate consequences of attacks through direct technical guidance and/or financial support: increase offering of rehabilitation in physical and mental health, support organisations that offer coordination and direct intervention with parties to a conflict.

Convene technical meetings to share and enhance knowledge on specific technologies and data collection: Encourage, host, and animate events that produce knowledge directed at filling gaps in this particular field of work (e.g. description of events and classification of attacks on healthcare, use and consequences of different weaponry, modelling of econometric assessments of impact, etc).

Promote data standardisation and sharing: Implement standardised frameworks for data collection and dissemination to ensure consistency and reliability. Utilise this data to advocate for policy changes and resource allocation, and promote, as possible, sharing of data to inform better protection and accountability.