Committee: Human Rights Council (HRC)

Topic: Ensuring Access to Healthcare in Conflict Zones

Student Officer: Eleftherios Sidiropoulos

Position: President

PERSONAL INTRODUCTION

Dear Delegates,

My name is Eleftherios Sidiropoulos, and I am currently enrolled in grade ten at Pinewood, the American International School of Thessaloniki. I am profoundly privileged to have the opportunity to serve as the President of the Human Rights Council (HRC) for the 9th annual Deutsche Schule Thessaloniki Model United Nations.

First and foremost, I would like to extend a warm welcome to all delegates, both to the 9th DSTMUN, and to the Human Rights Council. For new and returning delegates alike, this conference is designed to harness the full potential of your skills as debaters and diplomats, while simultaneously facilitating the creation of brand new partnerships and ties, through shared experiences.

As you may already be aware, the second topic for our committee is that of 'Ensuring Access to Healthcare in Conflict Zones'. The study guide below serves to brief you for committee work on the mentioned topic to the extent that delegates will have the sufficient knowledge to construct initial solutions to the issue at hand, draft speeches and resolutions, and gain a thorough understanding of the topic. Despite the fact that this study guide is comprehensive as well as accurate, all delegates are strongly urged to conduct research independently, regarding their nation's specific stance and how it ties into this topic.

Should you have any questions, concerns, or be in need any sort of assistance at all, please do not hesitate to contact me at the following email address; esidiropoulos@pinewood-school.gr

I sincerely look forward to meeting all of you this November, and commencing an excellent conference.

Cordially,

Eleftherios Sidiropoulos

TOPIC INTRODUCTION

Access to healthcare is among the most vital and fundamental human rights. It is deeply embedded in the Universal Declaration of Human Rights, as illustrated by Article 25, which states that "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family." [UN][1] Nonetheless, in conflict zones around the globe, this essential right is consistently and systematically violated. Upon the outburst of armed conflict, key healthcare infrastructure is often targeted and medical professionals are forced to flee, rendering millions in critical condition, unable to gain access to the life-saving care which they require.

The Eastern Mediterranean Region (EMR) region is one that has had to sustain one of the largest burdens on this subject. According to the World Health Organization (WHO), about 115 million people across the EMR required humanitarian assistance, this comprises nearly half of the total amount of people who require such aid globally. [BMJ][2] Additionally, it can be inferred that significant causes of the incredibly large number of people being in need of the aforementioned humanitarian assistance may lie in the fact that "Between January 2024 and August 2025, WHO documented 2,450 attacks on health care across 21 countries and territories. These led to 2,060 deaths and 2,395 injuries among health workers and patients." [Health Cluster][3] These instances, along with numerous others all reinforce the idea that essential access to healthcare has been drastically affected by conflict, and is in turn having widespread effects on people worldwide.

Moreover, the devastating effects that have resulted from reprehensible acts such as targeting key medical infrastructure (namely hospitals and medical clinics) represent a violation of the peremptory norm that is the prohibition of war crimes, and highlight the very magnitude of ensuring and maintaining access to healthcare in conflict zones. Given that the provision of healthcare in territories plagued by conflict is backed by such core legislation, its flagrant disruption calls for reform to be implemented internationally, aiming to contend with the monumental task of establishing and protecting civilian access to healthcare, in the midst of armed conflict.

DEFINITION OF KEY TERMS

[1] United Nations. "Universal Declaration of Human Rights." United Nations, 10 Dec. 1948, www.un.org/en/about-us/universal-declaration-of-human-rights. Accessed 22 June 2026.
[2] Karamouzian, Mohammad, et al. "The Peace Pill: An Overdue Prescription for the Eastern Mediterranean Region." BMJ, vol. 393, 8 June 2026, p. e479016, www.bmj.com/content/393/bmj-2026-479016, https://doi.org/10.1136/bmj-2026-479016. Accessed 26 June 2026.
[3] ---. "Joint Call by the President of the ICRC, the Director-General of WHO and the International President of MSF." Who.int, World Health Organization: WHO, 4 May 2026, www.who.int/brunei/news/detail-global/04-05-2026-joint-call-by-the-president-of-the-icrc--the-director-general-of-who-and-the-international-president-of-msf. Accessed 22 June 2026.

Attacks on Healthcare

An action of violence, obstruction, or interference that could impede or affect in any way the transportation and delivery of healthcare in armed conflict. This includes direct attacks on medical personnel, medical facilities, and a specific vehicle through which healthcare is being transported.

Conflict Zone

A specific geographic region or territory that is experiencing active, armed hostilities, either between state military forces, insurgent groups, or rival factions. [WHO][4]

Dual Destruction

"We use 'dual destruction' to describe the simultaneous assault on two foundations of public health: institutional infrastructure (including hospitals, supply chains, disease surveillance systems, and the health workforce) and ecological infrastructure (air, water, soil, sanitation, energy, and food systems)." [BMJ][5]

Eastern Mediterranean Region (EMR)

The WHO Eastern Mediterranean Region is a geographical and geopolitical region comprising of "21 Member States and occupied Palestinian territory (including East Jerusalem), with a population of nearly 745 million people." [WHO EMRO][6] The aforesaid nations encompass diverse traits, including varied territorial geography and climates, differing political environments, and a multifaceted religious and cultural makeup.

Healthcare

The systematic prevention, treatment, diagnosis, and management of either a physical or mental illness, injury, or impairment, carried out by licensed medical professionals across various settings. [Health Cluster][7]

Internally Displaced People (IDP)

---

[4] ---. "Joint Call by the President of the ICRC, the Director-General of WHO and the International President of MSF." Who.Int, World Health Organization: WHO, 4 May 2026, https://www.who.int/brunei/news/detail-global/04-05-2026-joint-call-by-the-president-of-the-icrc--the-director-general-of-who-and-the-international-president-of-msf. Accessed 22 June 2026.

[5] Karamouzian et al., "The Peace Pill."

[6] ---. "EMRO Home Page." World Health Organization - Regional Office for the Eastern Mediterranean, www.emro.who.int/. Accessed 29 June 2026.

[7] World. "An Urgent Call to Action from the Global Health Cluster." Who.Int, World Health Organization: WHO, 19 Aug. 2025, https://healthcluster.who.int/newsroom/news/item/19-08-2025-an-urgent-call-to-action-from-the-global-health-cluster. Accessed 22 June 2026.

"Internally displaced people, referred to as IDPs, have been forced to flee their homes by conflict, violence, persecution or disasters, however, they remain within the borders of their own country." [UNHCR][8]

International Humanitarian Law (IHL)

An established set of rules formalized in the Geneva Convention that intend to limit the overall effects of armed conflict, protecting people who are no longer involved in hostilities and restricting the general means of armed warfare.

Medical Neutrality

The foundational principle dictating that healthcare must be provided with impartiality, solely based upon the medical needs of patients, and that medical facilities and personnel should not be utilized or targeted for military purposes in any way shape or form.

Medical Product Supply Chains

Global, complex, interconnected networks of people, businesses, technology, and processes that manage the flow of medical supplies, taking them from raw materials to finished products fit for patient use. Such products may include but are not limited to medical drugs, namely pharmaceutical drugs, and medical devices. [NIH][9]

BACKGROUND INFORMATION

Legal Frameworks Surrounding Healthcare in Conflict Zones: Geneva Conventions

As mentioned previously, the safeguarding of healthcare within regions experiencing armed conflict has been deeply rooted in international law, eventually developing into the comprehensive legal frameworks that can be observed to this day. The arguably most central component of which would be the Geneva Conventions of 1949, acting as a cornerstone of healthcare protection. Article 19 of the First Geneva Convention indisputably states: "Fixed establishments and mobile medical units of the Medical Service may in no circumstances be attacked, but shall at all times be respected and protected by the Parties to the conflict." [ICRC][10] This serves as a firm establishment of the fact that attacks against medical facilities and their personnel are absolutely prohibited, however a multitude of other articles provide support to and reinforce the concept that the protection of healthcare and prevention of

[8] UNHCR. "Internally Displaced People." UNHCR, 2024, www.unhcr.org/about-unhcr/who-we-protect/internally-displaced-people. Accessed 27 June 2026.
[9] National Academies of Sciences, Engineering, et al. Understanding Medical Product Supply Chains. Www.ncbi.nlm.nih.gov, National Academies Press (US), 3 Mar. 2022, www.ncbi.nlm.nih.gov/books/NBK583746/. Accessed 27 June 2026.
[10] International Committee of the Red Cross. "International Humanitarian Law Databases." Icrc.Org, 2023, https://ihl-databases.icrc.org/en/ihl-treaties/gci-1949/article-19. Accessed 6 July 2026.

attacks on it is paramount. For instance, Article 37 of the Third Geneva Convention in 1949 regarding the treatment of prisoners of war decrees that religious, medical, and hospital personnel that serve on active combat ships must be protected and respected. If such personnel were to be captured, they are to be returned to their initial side as soon as possible. Article 14 of the Third Geneva Convention, mentions that a warship cannot capture a hospital ship's medical staff. [American Red Cross][11] These integral examples along with many others when put together help form what are known as the most essential norms protecting and ensuring access to healthcare in zones experiencing conflict, in the Geneva Conventions.

Customary International Humanitarian Law (IHL)

In addition to the strong foundation provided by the Geneva Conventions, Customary IHL serves to strengthen the level of protection offered toward victims of injustices in any case through filling gaps that may have not been acknowledged by international treaty law. Simply put, it is an array of rules that are derived from general practice that is accepted as law, holding vast importance in today's armed conflicts. [ICRC][12] The overall purpose of such law is often seen as its regulation between the relationships of nations, especially those partaking in armed conflict. This very point is demonstrated by Customary IHL Rule 55, which expresses that: "The parties to the conflict must allow and facilitate rapid and unimpeded passage of humanitarian relief for civilians in need, which is impartial in character and conducted without any adverse distinction, subject to their right of control." [ICRC][13] Besides the fact that the formerly described rule most clearly emphasizes the sheer importance of ensuring access to humanitarian aid and healthcare in conflict zones, it also strongly reinforces the concept of medical neutrality, serving as another key portion of the legal backbone that oversees the provision of healthcare in conflict affected territory.

Call to Action, UN Response & Its Affects Present Day

On October 3, 2015, U.S. airstrikes were directed at a trauma center located in Kunduz, Afghanistan operated by Médecins Sans Frontières (MSF). The main hospital building which contained a multitude of vital medical equipment such as X-ray devices, intensive care units, the laboratory, and much more was struck repeatedly for a period of time that exceeded one hour. The casualties included 24 hospital patients, 14 staff members, and 4 patient caretakers, amounting to 42 total fatalities; the greatest loss of life ever posed

---

[11] American Red Cross. "Summary of the Geneva Conventions of 1949 and Their Additional Protocols." American Red Cross, Apr. 2011, https://www.redcross.org/content/dam/redcross/atg/PDF_s/International_Services/International_Humanitarian_Law/IHL_SummaryGenevaConv.pdf?srsltid=AfmBOooWDo718aep6yKavy-b4hcKfDrAHF-_qZ7TIGDpdF_Dn2H2G0na. Accessed 27 June 2026.

[12] INTERNATIONAL COMMITTEE OF THE RED CROSS. "Customary IHL | ICRC." Www.Icrc.Org, 28 July 2014, https://www.icrc.org/en/law-and-policy/customary-ihl. Accessed 7 July 2026.

[13] ---. "International Humanitarian Law Databases." Icrc.Org, 2023, https://ihl-databases.icrc.org/en/customary-ihl/v1/rule55. Accessed 7 July 2026.

by an attack on an MSF facility. [MSF][14] Following these devastating events, on May 3, 2016, the United Nations Security Council unanimously adopted resolution 2286, addressing the issue of the protection of healthcare and largely that against attacks on healthcare facilities. The resolution's content included the condemnation of: "acts of violence, attacks and threats against the wounded and sick, medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, as well as hospitals and other medical facilities,". [UN][15] The unanimous passing of such a resolution illustrates a significant global strive to improve access to healthcare inside combat zones, though only time would tell whether implemented measures would come to be effective.

Unfortunately, a 10 year review of Resolution 2286 uncovers a concerning reality. On the 10 year anniversary of the resolution's passing, a joint call by the ICRC and MSF's Presidents, as well as the Director General of the WHO declared the resolution "a failure", citing the destructive nature of combat in armed conflict zones to date, and how its impedance of adequate healthcare access constitutes a "crisis of humanity." The statement went on to urge member states to take action regarding the implementation of Resolution 2286, principally to "regularly and transparently report on the implementation of Resolution 2286," "conduct swift, transparent, and impartial investigations into attacks on health care", allocate resources toward the protection of healthcare, review and enact domestic laws protecting healthcare in armed conflict, and to: "integrate the protection of health care into armed and security forces' doctrine, rules of engagement and operational guidance", among others. [WHO][16] Despite the significance and constructive intent with which the previous statements were made, it is highly unlikely that mere press releases can affect consequential change among the manner in which nations and their militaries behave among each other throughout armed hostilities.

The Scale of Attacks on Healthcare: Overview of Recent Widespread Attacks

Although it has been made increasingly clear that the manner in which healthcare is provided in conflict zones is monumentally threatened by attacks, the data reveals precisely how grave circumstances have become. In 2024, 3,623 reported incidents were identified to be targeting healthcare, this figure was 15% higher than in 2023, and 62% higher than in

[14] Médecins Sans Frontières. "Marking 10 Years Since the US Attack on Kunduz Hospital." Doctors Without Borders - USA, 2015, https://www.doctorswithoutborders.org/latest/marking-10-years-us-attack-kunduz-hospital. Accessed 7 July 2026.

[15] Year: 2016), UN Security Council (71st. "Resolution 2286 (2016) /: Adopted by the Security Council at Its 7685Th Meeting, on 3 May 2016." Digitallibrary.Un.Org, 3 May 2016, https://digitallibrary.un.org/record/827916?ln=en&v=pdf. Accessed 28 June 2026.

[16] ---. "Joint Call by the President of the ICRC, the Director-General of WHO and the International President of MSF." Who.Int, World Health Organization: WHO, 4 May 2026, https://www.who.int/brunei/news/detail-global/04-05-2026-joint-call-by-the-president-of-the-icrc--the-director-general-of-who-and-the-international-president-of-msf. Accessed 22 June 2026.

2022. [SHCC][17] Moreover, an alarming number of violent incidents toward healthcare, or obstructions to its allocation have exponentially been attributed to state groups in recent times, as can be evidenced by figure 1 below. By large, the rapidly increasing contribution of state actors to such violence, may have gravely concerning ramifications, in light of the sheer scale of capabilities state groups may possess in comparison to non-state armed groups

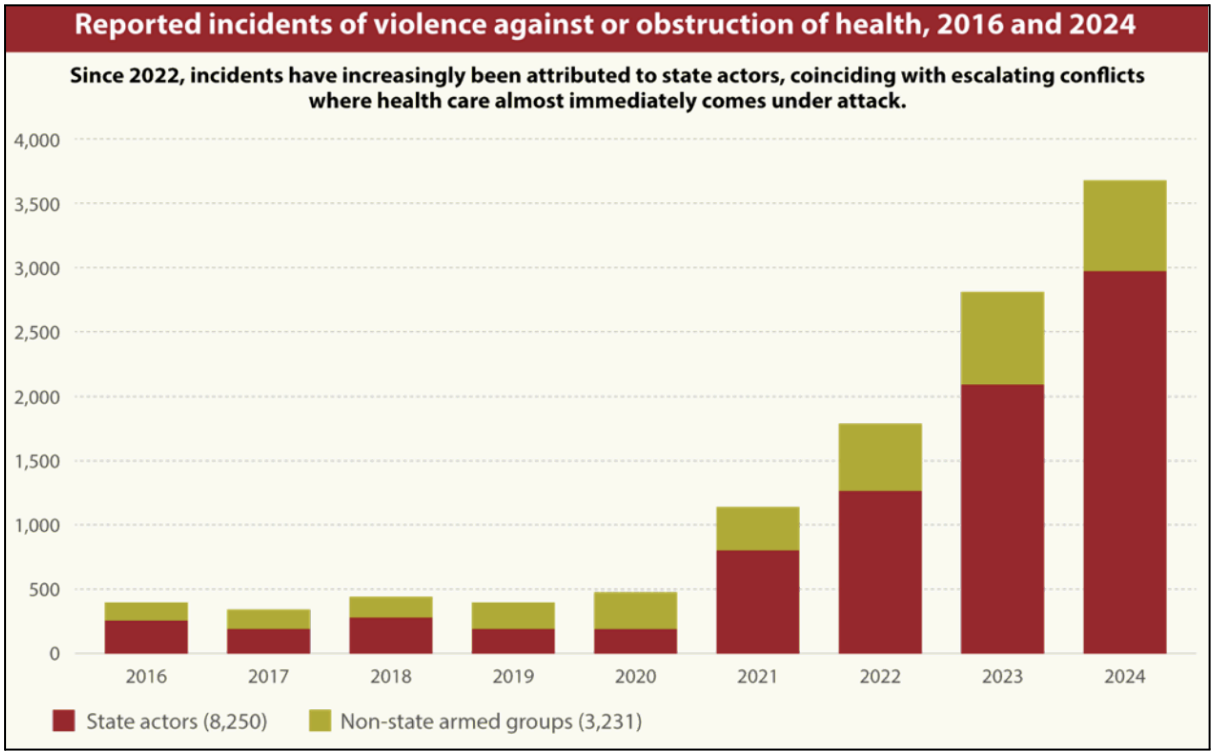


Figure 1: State & Non-state Actors' Contribution to Violence Against or Obstruction of Health (2016-2024) [SHCC][18]

Attacks on Medical Personnel (Death, Injury, Abduction, Arrest, Intimidation)

Aside from the general matter of violence against healthcare and its facilities, it must be recognized that the medical personnel crucial for health systems to function and integral parts of healthcare in conflict zones face tremendous adversity, where in many instances, killings, kidnappings, and arrests have evolved into the most serious of problems which medical staff have had to face. According to the SHCC, "over 900 health workers were killed in 27 countries and territories in 2024, a rise of 21% from 2023." The nature of the homicides were extraordinarily pluralistic, with: "ambulance drivers, doctors, dentists, gynecologists, hospital staff, laboratory technicians, medical students, nurses, opticians, paramedics, pharmacists, surgeons, vaccinators and volunteers from local humanitarian

[17] Safeguarding Health in Conflict Coalition. "Insecurity Insight Data on People in Danger EPIDEMIC OF VIOLENCE." Johns Hopkins Center for Public Health and Human Rights, 2024.
[18] Safeguarding Health in Conflict Coalition. "Insecurity Insight Data on People in Danger EPIDEMIC OF VIOLENCE." Johns Hopkins Center for Public Health and Human Rights, 2024.

relief groups" being killed in 2024, all through varied means and situations such as during the treatment of patients, travels, in their homes, by drone and aircraft strikes, and in shootings to name a few. [SHCC][19] In addition to the brutal loss of life previously described, healthcare workers in conflict zones face further menaces, such as kidnappings and arrests

Breakdown of EMR Attacks

Presently, a significant portion of all attacks on healthcare take place in the Eastern Mediterranean Region. "Between 1 January and 28 May 2026, WHO recorded 628 attacks on healthcare worldwide, of which 336 (53.5%) occurred in five EMR settings: Lebanon (184), the Occupied Palestinian Territory (73), Sudan (34), Iran (32), and Syria (13)." [BMJ][20] It can be inferred that the scale and intensity of attacks being directed toward the EMR may be linked to instability factors strongly affecting nations, seeing as Less Economically Developed Countries (LEDCs) within the EMR may be susceptible to healthcare attacks more than More Economically Developed Countries (MEDCs), however one must bear in mind that the EMR is an incredibly diverse and expansive region, with several distinct factors tied to the circumstances of each nation and territory within it. Predominantly, it can be concluded that the EMR is one of the most significant points of conflict surrounding the collective issue at hand.

Consequences Posed by Healthcare Deprivation: Maternal Consequences & The Health of Children

In zones of conflict and contested territories, women are often left with no choice but to give birth without adequate medical care. Such a lack of medical resources and overall care results in circumstances where the survivability rate for both mother and child drops significantly, leading to more maternal mortality, and neonatal death. Factually, "Countries experiencing crisis account for 58% of global maternal deaths, 39% of newborn deaths and 41% of stillbirths". [SCI][21] In this case, the crises that countries experience have the high likelihood to be affected by, or overall induced by such conflicts, and thereby serve as a direct example of the consequences caused by the deprivation of healthcare in conflict zones.

[19] Safeguarding Health in Conflict Coalition. "Insecurity Insight Data on People in Danger EPIDEMIC OF VIOLENCE." Johns Hopkins Center for Public Health and Human Rights, 2024.
[20] Karamouzian, Mohammad, et al. "The Peace Pill: An Overdue Prescription for the Eastern Mediterranean Region." BMJ, vol. 393, 8 June 2026, p. e479016, https://www.bmj.com/content/393/bmj-2026-479016, 10.1136/bmj-2026-479016. Accessed 26 June 2026.
[21] Ashing, Inger. "Save the Children International." Save the Children International, 2026, https://www.savethechildren.net/stories/we-can-prevent-maternal-and-newborn-deaths-political-will-and-funding-still-missing. Accessed 10 July 2026.

Management of Chronic Diseases

Additionally, it is proven that the disruption of healthcare access in conflict zones catastrophically affects patients with chronic health conditions. Principally, interrupted care acts as a substantial impediment toward the treatment of chronic conditions. Particularly, Non-communicable diseases (NCDs) which are often chronic and require continuous care in order to preserve the life and wellbeing of the patient are especially destructive, given that treatment means such as radiation therapy can be seriously affected by conflict surrounding the medical facility, especially considering the fragile nature of the technology necessary to administer the aforesaid care. This stance is anchored by the fact that: “diabetes, cancer, chronic lung conditions, and heart disease claim millions of lives across the Eastern Mediterranean Region. Each year, more than 2.8 million people die from these 4 major NCDs. In 2025, nearly 3 out of every 4 deaths in the Region were related to these conditions.” [WHO][22] Cumulatively, the management of chronic diseases within conflict zones is evidently impeded to a great extent, further emphasizing the need to maintain and ensure access to healthcare inside embattled zones.

Mental Health

While recognizing that mental health is viewed as one of the less prevalent aspects of health care, it must be noted that it is a very real and existing factor in one’s overall health, and can certainly be altered or affected by the lack of support, in a similar manner to other physical ailments. In fact, “From Palestine to Sudan, Syria, Yemen and Lebanon, people have endured wars, occupation, economic collapse and forced displacement. Entire communities have lived under chronic pressure and uncertainty for decades. These conditions can have a profound impact on the health and well-being of all people affected”. [MSF][23] Conclusively, while mental health may not be regarded as the highest priority of medical care, it is nonetheless a present factor in one’s overall health and must not be ignored, hence why organizations such as MSF offer mental health care.

Outbreaks of Infectious Diseases

The destruction of vital infrastructure within zones of conflict, such as water treatment and sanitation plants, acts as a dangerous catalyst for the outbreak of numerous infectious diseases, wreaking havoc upon what have already been established as vulnerable populations, and resulting in mass casualties, displacements, and other unfortunate outcomes. “Documented infectious disease outbreaks include respiratory infections,

[22] EL SHAZLY, Nahed A. “Noncommunicable Diseases in Emergencies.” Who.Int, 2025, https://www.emro.who.int/media/news/noncommunicable-diseases-in-emergencies.html. Accessed 10 July 2026.

[23] Melanie. “Middle East and North Africa: Behind the Armour, Men’s Mental Health | Doctors Without Borders / Médecins Sans Frontières (MSF ....” Doctors Without Borders / Médecins Sans Frontières (MSF ..., 17 Oct. 2025, https://www.doctorswithoutborders.ca/middle-east-and-north-africa-behind-the-armour-mens-mental-health/. Accessed 10 July 2026.

gastrointestinal illnesses, cholera, and chickenpox, with the compromised healthcare system unable to provide adequate surveillance or treatment responses." [BMC][24] The lethal capabilities of infectious diseases to spread pose the most significant of illness threats to populations living within contested territory, made increasingly vulnerable by the destruction of key facilities that could prevent the outbreaks of diseases such as cholera.

MAJOR COUNTRIES AND ORGANISATIONS INVOLVED

Israel

Israeli operations throughout Gaza as well as Lebanon have resulted in significant instances of attacks against healthcare infrastructure. Notably, one instance within Gaza, in March of 2024, saw the Al-Shifa hospital, containing an estimate of 7,000 people from patients to staff along with displaced people, raided by surprise, with the Israeli military spokesman stating that Hamas terrorists utilized the hospital as a command center for attacks. After the withdrawal of Israeli forces, "buildings were destroyed and bodies were strewn on hospital grounds. WHO said that at least 21 patients had died and the hospital was largely destroyed." [HRW][25] Across a multitude of military operations and interventions conducted by Israel, the outcomes have sparked controversy and overall concern regarding the manner with which healthcare in conflict zones is addressed in territories which the Israeli military is active in, establishing the state of Israel as crucially important on this matter.

Lebanon

Armed hostilities between Lebanese based Islamic militant group Hezbollah, who maintain a highly effective influence over the Lebanese state as a whole and Israel have resulted in the ruin of adequate healthcare access on the Lebanese front. In 2024, the SHCC recorded 485 incidents that posed violence towards healthcare and its infrastructure. Air strikes, and an active Lebanese war frontline, featuring combat against the Israeli Defense Forces (IDF) has rendered hundreds of health facilities damaged, and 408 health workers dead, solely in 2024. As the war continues, the situation remains grim, with Hezbollah consistently rejecting terms of ceasefire.

---

[24] Ali, Majid, et al. "Gaza's Health Emergency: Impact of Armed Conflict and Its Global Health Repercussions." Globalization and Health, vol. 21, no. 1, 5 Nov. 2025, 10.1186/s12992-025-01161-0.Melanie. "Middle East and North Africa: Behind the Armour, Men's Mental Health | Doctors Without Borders / Médecins Sans Frontières (MSF ...." Doctors Without Borders / Médecins Sans Frontières (MSF ..., 17 Oct. 2025, https://www.doctorswithoutborders.ca/middle-east-and-north-africa-behind-the-armour-mens-mental-health/. Accessed 10 July 2026.

[25] Human Rights Watch. "Gaza: Israeli Military War Crimes While Occupying Hospitals." Human Rights Watch, 20 Mar. 2025, https://www.hrw.org/news/2025/03/20/gaza-israeli-military-war-crimes-while-occupying-hospitals. Accessed 12 July 2026.

Sudan

Sudan, currently in the midst of a civil war which erupted in 2023, between the Sudanese Armed Forces (SAF), and the Rapid Support Forces (RSF), has suffered immensely. According to the Safeguarding Health in Conflict Coalition (SHCC), 244 incidents targeting healthcare in Sudan in 2024 occurred. The overarching destruction of healthcare services within the Sudanese territory has resulted in the spread of diseases such as Cholera, and forced what little medical professionals that are still active within the region to largely operate in dire circumstances, for instance in underground shipping containers, with dim lighting.

Syria

The Syrian Arab Republic up until recently has been devastated by a 14 year long conflict, beginning when the Assad government, backed by Russia initiated a violent suppression of peaceful pro-democratic protests in March of 2011. In response, oppositional pro-democratic forces were formed, and a brutal civil war ensued. After the fall of the Assad regime in 2024, the nation was left in an alarming state, with its health system crushed and millions displaced. Syria is currently in a highly volatile state, seeking stability, with its entry into a transitional period after the toppling of the former authoritarian regime. [SHCC][26]

Ukraine

Since the eruption of the Russia-Ukraine war in 2022, Ukraine's energy system has suffered a vast number of attacks, severely affecting Ukrainian health services. In 2024, 544 incidents regarding the obstruction of healthcare took place. (SHCC) Rendering Ukraine as the largest non-EMR site of healthcare related damages, with the use of explosive-armed drones further accelerating the crisis. Despite the usage of generators, health service relocations, and timely repairs preventing the Ukrainian healthcare system's total collapse, the cost necessary to repair and stabilize Ukraine's facilities has compounded to "almost $588 billion (over €500 billion) over the next decade, which is nearly 3 times the estimated nominal GDP of Ukraine for 2025." [World Bank][27] Presently, Ukraine has heavily relied on outside assistance, deals, and general financial intervention in order to take on a cost of this nature, however as the conflict drags on, total damages only increase.

[26] Safeguarding Health in Conflict Coalition, "Insecurity Insight Data on People in Danger EPIDEMIC OF VIOLENCE"

[27] Group, World Bank. "Updated Ukraine Recovery and Reconstruction Needs Assessment Released." World Bank, World Bank Group, 23 Feb. 2026, https://www.worldbank.org/en/news/press-release/2026/02/23/updated-ukraine-recovery-and-reconstruction-needs-assessment-released. Accessed 12 July 2026.

MSF (Médecins Sans Frontières / Doctors Without Borders)

Provides medical care in conflict zones globally through running hospitals and care centers, maintaining what little access to healthcare individuals within active conflict zones still have.

United Nations Office for the Coordination of Humanitarian Affairs (OCHA)

OCHA is responsible for the coordination of the broader humanitarian response, managing mechanisms in support of healthcare operations within zones of conflict, such as but not limited to pooled funds, and emergency deployment teams.

United Nations High Commissioner for Refugees (UNHCR)

Also known as the UN refugee agency, the UNHCR is responsible for the protection of refugees and IDPs, many of which often face the perils of healthcare deprivation. The UNHCR's specific role on the issue of healthcare in conflict zones entails ensuring the provision of key healthcare services to displaced populations by means of direct assistance in settlements and camps, the integration of refugees into national healthcare systems when possible, as well as the more general advocation for their inclusion into humanitarian health related responses. The agency has also been known to document the manner in which attacks on healthcare can affect displaced populations disproportionately, many of whom already face marginalization due to the critical circumstances which they face. [UNHCR][28]

United Nations International Children's Emergency Fund (UNICEF)

Partakes in and oversees the provision of child and maternal healthcare services, mainly vaccination campaigns, and nutrition programs, addressing one of the most susceptible groups to the harms associated with poor healthcare in conflict environments.

World Health Organization (WHO)

The WHO plays a central role in documenting attacks through its surveillance system, detecting and compiling humanitarian emergencies, threats, and attacks. The WHO's role however, is expansive to the extent that it has been, and continues to fulfill emergency orders for many nations across all of its regions. Despite such efforts, the WHO remains underfunded, severely limiting its overall capabilities.

[28] UNHCR. "Internally Displaced People." Unhcr, 2024, https://www.unhcr.org/about-unhcr/who-we-protect/internally-displaced-people. Accessed 27 June 2026.

BLOCS EXPECTED

Bloc A

This Bloc includes nations that view the protection of healthcare in conflict zones as a priority and are willing to invest resources to enhance it, as well as nations who have been affected by conflict, and view international assistance in protecting healthcare in conflict zones as paramount. Members may include Netherlands, Germany, etc. (Member states who support the protection of healthcare in conflict zones) Syria, Sudan, Palestine, etc. (conflict affected states)

Bloc B

This Bloc is composed of states that are involved in armed conflict in zones whose access to healthcare is under threat as a result of said conflict, as well as countries that prioritize national sovereignty over possible constraints and outside intervention. Thus those countries may resist measures such as accountability mechanisms in an attempt to protect national security interests. States in this Bloc may include: The United States of America, Israel, Russia, Turkey, etc.

TIMELINE OF EVENTS

Date	Description of event
August 12th, 1949	Geneva Conventions were adopted, formulating new standards of protection for medical personnel and facilities in armed conflict.
May 26th, 2012	World Health Assembly resolution 65.20 facilitates the introduction of systemic documentation of attacks on healthcare. [WHO][29]
October 3rd, 2015	U.S. airstrikes targeted a trauma center run by MSF in Kunduz, Afghanistan resulting in 42 total casualties. This event acted as the initial context for the

[29] World Health Organization. "65th World Health Assembly Closes with New Global Health Measures." Www.who.int, 26 May 2012, www.who.int/news/item/26-05-2012-65th-world-health-assembly-closes-with-new-global-health-measures. Accessed 28 June 2026.

	passing of UNSC Resolution 2286 (see below).
May 3rd, 2016	UN Security Council resolution 2286 which was unanimously adopted "reaffirms protection of healthcare in armed conflict." [UN][30]
February - May 2026	Due to an escalation of conflict in the Middle East, a total of 628 attacks on healthcare occurred globally, 53.5 percent of which were in the EMR.
May 4th, 2026	A joint call issued by ICRC, WHO, and MSF declaring UNSC resolution 2286 "a failure" on its 10th anniversary. [WHO][31]

RELEVANT RESOLUTIONS, TREATIES AND EVENTS

Universal Declaration of Human Rights (1948) - Article 25

Once again, the Universal Declaration of Human Rights acts as an integral framework of key principles, all of which are targeted toward numerous aspects of human rights that are vital in maintaining a just society, for instance rights to education, employment, participation in government, and a plethora of other indispensable rights. On this topic however, Article 25 is paramount, seeing as it directly confronts the concept that all people have the right to: "a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care". Additionally, the article speaks to the fact that childhood and motherhood should receive "special care and assistance." The overall scope of this article cements it as highly important on this issue. [UNDHR][32]

[30] Year: 2016), UN Security Council (71st. "Resolution 2286 (2016) /: Adopted by the Security Council at Its 7685th Meeting, on 3 May 2016." Digitallibrary.un.org, 3 May 2016, digitallibrary.un.org/record/827916?ln=en&v=pdf. Accessed 28 June 2026.
[31] ---. "Joint Call by the President of the ICRC, the Director-General of WHO and the International President of MSF." Who.int, World Health Organization: WHO, 4 May 2026, www.who.int/brunei/news/detail-global/04-05-2026-joint-call-by-the-president-of-the-icrc--the-director-general-of-who-and-the-international-president-of-msf. Accessed 22 June 2026.
[32] United Nations. "Universal Declaration of Human Rights." *United Nations*, 10 Dec. 1948, https://www.un.org/en/about-us/universal-declaration-of-human-rights. Accessed 10 Oct. 2026.

First Geneva Convention (1949) - Article 19

As previously mentioned, the Geneva Conventions include possibly the most essential legal framework for healthcare in conflict zones to date. Key articles, such as article 19 that directly addresses the fact that medical facilities should not be attacked under any circumstances, and in contrast, be protected as well as respected by all parties of the conflict. Aside from this, a plethora of other articles tie into the protection of healthcare in regions of conflict, such as Article 15, which dictates that the wounded and ill must receive sufficient care, and be protected against unjust or otherwise ill treatment. Moreover, Article 12 effectively cements the concept of medical neutrality, mandating that the wounded and ill are not discriminated against through selective protection due to sex, race, religion, or any other present factor. Given the previous facts, the First Geneva Convention stands as one of the most fundamental comprehensive legal frameworks on this subject. [GC][33]

Additional Protocol I to Geneva Conventions (1977)

Articles 8-34 are all targeted toward the enhancing provision of detailed protection of healthcare as a whole, including medical personnel, units, and transport. In addition, the mentioned articles provide more focus on the strengthening of medical neutrality. The first additional protocol to the Geneva Conventions therefore serves as another relevant article which attempts to solve the issue. [GC][34]

United Nations Security Council Resolution 2286 (2016)

As noted previously, the UN Security Council Resolution 2286 was passed unanimously on May 3, 2016. The general scope of the resolution was to reaffirm medical personnel and their facilities were under the protection of international law; both in and out of conflict zones. Furthermore, it urges parties to conflicts to fully adhere to the guidelines and obligations regarding the protection of healthcare. Among other points, the resolution also included a condemnation of attacks against the ill and injured, as well as medical facilities and staff, a call for improvement in accountability mechanisms and investigations of attacks and incidents, and a request to the Secretary-General to report on the resolution's implementation annually. [UNSC][35]

---

[33] International Committee of the Red Cross. "The Geneva Conventions and Their Commentaries." *Www.Icrc.Org*, https://www.icrc.org/en/law-and-policy/geneva-conventions-and-their-commentaries. Accessed 10 Oct. 2026.

[34] International Committee of the Red Cross. "The Geneva Conventions and Their Commentaries." *Www.Icrc.Org*, https://www.icrc.org/en/law-and-policy/geneva-conventions-and-their-commentaries. Accessed 10 Oct. 2026.

[35] United Nations Security Council. "Resolution 2286 (2016)." United Nations, 3 May 2016, https://docs.un.org/en/S/RES/2286(2016

PREVIOUS ATTEMPTS TO SOLVE THE ISSUE

United Nations 2286

An example of this would be United Nations Security Council Resolution 2286. Though a unanimous passing of a security council resolution should not be taken lightly, a 10 year assessment of the resolution reveals a significant fact; that after a decade of the resolution's passing, conditions on the matter of attacks on healthcare within conflict affected zones have worsened rather than improved, an alarming truth about global political action. [ICRC][36]

WHO SSA

Other attempts include the WHO surveillance system for incidents and attacks against healthcare, however while doing a sufficient job of documenting global attacks on healthcare after its establishment in World Health Assembly (WHA) resolution 65.20 in 2012, it does not include any means of enforcement whatsoever, and thereby does not in any way suffice as a total solution to the issue. [WHO][37]

Other Attempts

Aside from this, there have been various HRC resolutions, health cluster humanitarian responses, and an ICRC health in danger initiative, however all of these attempts have fallen short in aspects such as a lack of true enforcement, ability to provide permanent care, and overall effectiveness due to reliance on state-cooperation.

POSSIBLE SOLUTIONS

Enhancing Accountability Mechanisms

In a resolution, states could be urged to conduct transparent, accurate, and objective investigations into attacks on healthcare within their territory, or ones that they are involved in. Measures such as strengthening the documentation of attacks and incidents and attempting to ensure the organizational body, individual, group, or state is held accountable and brought to justice. Although monitoring systems such as the WHO surveillance system already exist, further state-conducted surveillance and investigation could drastically increase the reliability of data and the amount of identified and reported incidents, seeing as due to the complex and unstable nature of war zones worldwide, it is highly likely that many attacks may go unreported and undocumented.

---

[36] "Protection of Health Care in Armed Conflict: UN Security Council Resolution 2286 10 Years On." International Committee of the Red Cross, 5 May 2026, https://www.icrc.org/en/statement/unscr-2286-10-years-on. Accessed 22 June 2026.

[37] "SSA Home | Index." Extranet.Who.Int, https://extranet.who.int/ssa/Index.aspx. Accessed 24 Aug. 2026.

Protecting Health Systems, (Rather Than Simply Facilities)

It must be recognized that systems that subsidize healthcare are crucial (electrical grids, water systems, fuel supplies, transport routes.) Therefore, enhanced protection should extend to dual use infrastructure, that is integral to hospitals, medical clinics, and any other healthcare related facility's successful operation.

Proposing an Increase of Humanitarian Funding

The increase of funding remains a complicated matter, seeing as an immense amount of funding is required to power humanitarian assistance, and many nations either cannot spare the funds, or simply may be unwilling to. Despite this, "$690 million will be needed to sustain WHO's emergency operations across the Eastern Mediterranean Region in 2026—an estimate made before the current escalation. Yet the response remains 70 per cent underfunded." [WHO][38] Although the increase in humanitarian funding presents immense challenges, its provision would be monumental in the context of humanitarian aid globally.

[38] Fouad, ABDEL HAY Ihab. "Statement by Dr Hanan Balkhy, Regional Director WHO Eastern Mediterranean Region Palais Briefing on Impact of the Recent Escalation on the Health Situation in EMR." Who.Int, 2026, https://www.emro.who.int/media/news/statement-by-dr-hanan-balkhy-regional-director-who-eastern-mediterranean-region-palais-briefing-on-impact-of-the-recent-escalation-on-the-health-situation.html?ref=geopolitico.fr. Accessed 13 July 2026.

BIBLIOGRAPHY

Ali, Majid, et al. “Gaza’s Health Emergency: Impact of Armed Conflict and Its Global Health Repercussions.” *Globalization and Health*, vol. 21, no. 1, 5 Nov. 2025, 10.1186/s12992-025-01161-0.

American Red Cross. “Summary of the Geneva Conventions of 1949 and Their Additional Protocols.” *American Red Cross*, Apr. 2011, https://www.redcross.org/content/dam/redcross/atg/PDF_s/International_Services/International_Humanitarian_Law/IHL_SummaryGenevaConv.pdf?srsltid=AfmBOooWDo718aep6yKavy-b4hcKfDrAHF-_qZ7TIGDpdF_Dn2H2G0na. Accessed 27 June 2026.

Ashing, Inger. “Save the Children International.” *Save the Children International*, 2026, https://www.savethechildren.net/stories/we-can-prevent-maternal-and-newborn-deaths-political-will-and-funding-still-missing. Accessed 10 July 2026.

EL SHAZLY, Nahed A. “Noncommunicable Diseases in Emergencies.” *Who.Int*, 2025, https://www.emro.who.int/media/news/noncommunicable-diseases-in-emergencies.html. Accessed 10 July 2026.

Fouad, ABDEL HAY Ihab. “Statement by Dr Hanan Balkhy, Regional Director WHO Eastern Mediterranean Region Palais Briefing on Impact of the Recent Escalation on the Health Situation in EMR.” *Who.Int*, 2026, https://www.emro.who.int/media/news/statement-by-dr-hanan-balkhy-regional-director-who-eastern-mediterranean-region-palais-briefing-on-impact-of-the-recent-escalation-on-the-health-situation.html?ref=geopolitico.fr. Accessed 13 July 2026.

gael.sauveniere. “Joint Statement: ICRC, MSF and WHO on Healthcare in Conflict.” *Msf.Org.Nz*, 4 May 2026, https://msf.org.nz/article/statements-opinion/joint-statement-icrc-msf-and-who-healthcare-conflict. Accessed 22 June 2026.

Group, World Bank. “Updated Ukraine Recovery and Reconstruction Needs Assessment Released.” *World Bank*, World Bank Group, 23 Feb. 2026, https://www.worldbank.org/en/news/press-release/2026/02/23/updated-ukraine-recovery-and-reconstruction-needs-assessment-released. Accessed 12 July 2026.

Human Rights Watch. “Gaza: Israeli Military War Crimes While Occupying Hospitals.” *Human Rights Watch*, 20 Mar. 2025, https://www.hrw.org/news/2025/03/20/gaza-israeli-military-war-crimes-while-occupying-hospitals. Accessed 12 July 2026.

“Humanitarian Action and IHL | How Does Law Protect in War? - Online Casebook.” *Icrc.Org*, 2016, https://casebook.icrc.org/highlight/humanitarian-action-and-ihl. Accessed 22 June 2026.

ICRC. *ADVISORY SERVICE What Is International Humanitarian Law?* July 2004.

INTERNATIONAL COMMITTEE OF THE RED CROSS. "Customary IHL | ICRC." *Www.Icrc.Org*, 28 July 2014, https://www.icrc.org/en/law-and-policy/customary-ihl. Accessed 7 July 2026.

International Committee of the Red Cross. "International Humanitarian Law Databases." *Icrc.Org*, 2023, https://ihl-databases.icrc.org/en/ihl-treaties/gci-1949/article-19. Accessed 6 July 2026.

---. "International Humanitarian Law Databases." *Icrc.Org*, 2023, https://ihl-databases.icrc.org/en/customary-ihl/v1/rule55. Accessed 7 July 2026.

"Joint Call by the ICRC, WHO, and MSF for States to Uphold Resolution 2286." *Doctors Without Borders - USA*, 4 May 2026, https://www.doctorswithoutborders.org/latest/joint-call-icrc-who-and-msf-states-uphold-resolution-2286. Accessed 22 June 2026.

"Joint Call by the President of the International Committee of the Red Cross, the Director-General of the World Health Organization and the International President of Médecins Sans Frontières:." *International Committee of the Red Cross*, May 2026, https://www.icrc.org/en/statement/icrc-who-msf-health-care-must-never-be-casualty-war-resolution-2286. Accessed 22 June 2026.

Karamouzian, Mohammad, et al. "The Peace Pill: An Overdue Prescription for the Eastern Mediterranean Region." *BMJ*, vol. 393, 8 June 2026, p. e479016, https://www.bmj.com/content/393/bmj-2026-479016, 10.1136/bmj-2026-479016. Accessed 26 June 2026.

"Lebanon: ICRC Supporting Life-Saving Medical Services during Hostilities." *International Committee of the Red Cross*, 13 Mar. 2026, https://www.icrc.org/en/article/lebanon-icrc-supporting-life-saving-medical-services-during-hostilities. Accessed 22 June 2026.

Melanie. "Middle East and North Africa: Behind the Armour, Men's Mental Health | Doctors Without Borders / Médecins Sans Frontières (MSF ...." *Doctors Without Borders / Médecins Sans Frontières (MSF ...*, 17 Oct. 2025, https://www.doctorswithoutborders.ca/middle-east-and-north-africa-behind-the-armour-mens-mental-health/. Accessed 10 July 2026.

"Moving Vulnerable Gaza Hospital Patients Impossible: WHO | THE DAILY TRIBUNE | KINGDOM OF BAHRAIN." *DT News*, 15 Nov. 2023, https://www.newsofbahrain.com/world/94586.html. Accessed 22 June 2026.

Médecins Sans Frontières. “Marking 10 Years Since the US Attack on Kunduz Hospital.” *Doctors Without Borders - USA*, 2015, https://www.doctorswithoutborders.org/latest/marking-10-years-us-attack-kunduz-hospital. Accessed 7 July 2026.

National Academies of Sciences, Engineering, et al. *Understanding Medical Product Supply Chains*. *Www.Ncbi.Nlm.Nih.Gov*, National Academies Press (US), 3 Mar. 2022, https://www.ncbi.nlm.nih.gov/books/NBK583746/. Accessed 27 June 2026.

Parmar, Parveen. “Physicians for Human Rights - the Principle of Medical Neutrality.” *PHR*, 24 Jan. 2012, https://phr.org/our-work/resources/the-principle-of-medical-neutrality/. Accessed 27 June 2026.

“Protection of Health Care in Armed Conflict: UN Security Council Resolution 2286 10 Years On.” *International Committee of the Red Cross*, 5 May 2026, https://www.icrc.org/en/statement/unscr-2286-10-years-on. Accessed 22 June 2026.

Rao, Supriya, and Alexander Breitegger. “Reaffirming the Obligation to Protect Medical Facilities and Support Their Functioning.” *Humanitarian Law & Policy Blog*, 20 Nov. 2025, https://blogs.icrc.org/law-and-policy/2025/11/20/reaffirming-the-obligation-to-protect-medical-facilities-and-support-their-functioning/?_hsenc=p2ANqtz-_6oN_h_tH5Sha0QlmpQC6hSc551Ew16RUnthd1Ju-A34yOexFCRjek63oVgxgYOC1pjw0mZIZk9HU0kjWZWtzmDEj4AQ. Accessed 22 June 2026.

Safeguarding Health in Conflict Coalition. “Insecurity Insight Data on People in Danger EPIDEMIC OF VIOLENCE.” Johns Hopkins Center for Public Health and Human Rights, 2024.

---. “Reported Health Worker Killings, 2020-2024,” *Safeguarding Health in Conflict Coalition*, 2024, https://www.insecurityinsight.org/wp-content/uploads/2025/04/2024-SHCC-Annual-Report.pdf. Accessed 9 July 2026.

---. “Reported Incidents of Violence or Obstruction of Health, 2016-2024,” *Safeguarding Health in Conflict Coalition*, 2024, https://www.insecurityinsight.org/wp-content/uploads/2025/04/2024-SHCC-Annual-Report.pdf. Accessed 9 July 2026.

---. “Reported Incidents Where Explosive Weapons Damaged or Destroyed Healthcare Facilities, 2020-2024,” *Safeguarding Health in Conflict Coalition*, 2024, https://www.insecurityinsight.org/wp-content/uploads/2025/04/2024-SHCC-Annual-Report.pdf. Accessed 9 July 2026.

UNHCR. "Internally Displaced People." *Unhcr*, 2024, https://www.unhcr.org/about-unhcr/who-we-protect/internally-displaced-people. Accessed 27 June 2026.

United Nations. "Universal Declaration of Human Rights." *United Nations*, 10 Dec. 1948, https://www.un.org/en/about-us/universal-declaration-of-human-rights. Accessed 22 June 2026.

Usmany, Jayra, et al. "Attacks on Healthcare in Conflict-Affected Countries: A Comparison of Temporal Trends in Ongoing Conflicts in Lebanon, Myanmar, Occupied Palestinian Territory, Sudan and Ukraine Using WHO SSA and SHCC Data, 2018–2024." *Population Health Metrics*, vol. 24, no. 1, 14 Dec. 2025, 10.1186/s12963-025-00442-5.

"Vaccination in Emergency Settings: Joint Note from ICRC, IFRC and WHO." *International Committee of the Red Cross*, 30 Mar. 2022, https://www.icrc.org/en/article/vaccination-emergency-settings-joint-note-icrc-ifrc-and-who. Accessed 22 June 2026.

World. "An Urgent Call to Action from the Global Health Cluster." *Who.Int*, World Health Organization: WHO, 19 Aug. 2025, https://healthcluster.who.int/newsroom/news/item/19-08-2025-an-urgent-call-to-action-from-the-global-health-cluster. Accessed 22 June 2026.

---. "Conflict Deepens Health Crisis across Middle East, WHO Says." *Who.Int*, World Health Organization: WHO, 11 Mar. 2026, https://www.who.int/laos/news/detail-global/11-03-2026-conflict-deepens-health-crisis-across-middle-east--who-says. Accessed 22 June 2026.

---. "Health Impact of the Escalation of Conflict in the Middle East." *Who.Int*, World Health Organization: WHO, 5 Mar. 2026, https://www.who.int/news-room/feature-stories/detail/health-impact-of-the-escalation-of-conflict-in-the-middle-east. Accessed 22 June 2026.

World Health Organization. "Joint Call by the President of the ICRC, the Director-General of WHO and the International President of MSF." *Who.Int*, World Health Organization: WHO, 4 May 2026, https://www.who.int/brunei/news/detail-global/04-05-2026-joint-call-by-the-president-of-the-icrc--the-director-general-of-who-and-the-international-president-of-msf. Accessed 22 June 2026.

World Health Organization. "65Th World Health Assembly Closes with New Global Health Measures." *Www.Who.Int*, 26 May 2012,

https://www.who.int/news/item/26-05-2012-65th-world-health-assembly-closes-with-new-global-health-measures. Accessed 28 June 2026.

---. “EMRO Home Page.” *World Health Organization - Regional Office for the Eastern Mediterranean*, https://www.emro.who.int/. Accessed 29 June 2026.

---. *Situation Report*. 28 May 2026.

---. “Sixty-Fifth World Health Assembly WHA65.20 .” *World Health Organization*, 26 May 2012, https://apps.who.int/gb/ebwha/pdf_files/wha65/a65_r20-en.pdf. Accessed 28 June 2026.

---. “SSA Home | Index.” *Extranet.Who.Int*, https://extranet.who.int/ssa/Index.aspx. Accessed 24 Aug. 2026.

Year: 2016), UN Security Council (71st. “Resolution 2286 (2016) /: Adopted by the Security Council at Its 7685Th Meeting, on 3 May 2016.” *Digitallibrary.Un.Org*, 3 May 2016, https://digitallibrary.un.org/record/827916?ln=en&v=pdf. Accessed 28 June 2026.