



Security Council (SC)

Topic:

Strengthening international humanitarian law to prevent the targeting of medical facilities and personnel in conflict zones.

Chairs:

**Ivana Pinto Trevizo
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Committee Background:

The Security Council has primary responsibility for the maintenance of international peace and security. It has 15 Members, and each Member has one vote. Under the Charter of the United Nations, all Member States are obligated to comply with Council decisions.

The Security Council takes the lead in determining the existence of a threat to the peace or an act of aggression. It calls upon the parties to a dispute to settle it by peaceful means and recommends methods of adjustment or terms of settlement. In some cases, the Security Council can resort to imposing sanctions or even authorise the use of force to maintain or restore international peace and security.

The Security Council held its first session on 17 January 1946 at Church House, Westminster, London. Since its first meeting, the Security Council has taken permanent residence at the United Nations Headquarters in New York City. It also travelled to many cities, holding sessions in Addis Ababa, Ethiopia, in 1972, in Panama City, Panama, and in Geneva, Switzerland, in 1990.

When a complaint concerning a threat to peace is brought before it, the Council's first action is usually to recommend that the parties try to reach an agreement by peaceful means. The Council may:

- set forth principles for such an agreement;
- undertake investigation and mediation, in some cases.
- dispatch a mission;
- appoint special envoys; or
- request the Secretary-General to use his good offices to achieve a peaceful settlement of the dispute.

When a dispute leads to hostilities, the Council's primary concern is to bring them to an end as soon as possible. In that case, the Council may:

- Issue ceasefire directives that can help prevent an escalation of the conflict.
- dispatch military observers or a peacekeeping force to help reduce tensions, separate opposing forces, and establish a calm in which peaceful settlements may be sought.

Beyond this, the Council may opt for enforcement measures, including:

- economic sanctions, arms embargoes, financial penalties and restrictions, and travel bans;
- severance of diplomatic relations;
- blockade;



- or even collective military action.

A chief concern is to focus on those responsible for the policies or practices condemned by the international community, while minimizing the impact of the measures taken on other parts of the population and economy.

Background information on the topic

Strongly condemning attacks on medical personnel in conflict situations today, the Security Council unanimously adopted a resolution demanding an end to impunity for those responsible and respect for international law on the part of all warring parties. The adopting resolution 2286 (2016), which was co-sponsored by more than 80 Member States, the 15-member Council strongly condemned 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. It deplored the long-term consequences of such attacks for the civilian populations and health-care systems of the countries concerned.

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The council demands that all parties that have armed conflict comply fully with their obligations under international law, including international human rights law as applicable, and international humanitarian law, particularly their obligations under the Geneva Conventions of 1949 and their Additional Protocols of 1977 and 2005. It also demanded that all parties in conflict facilitate safe and unimpeded passage for medical and humanitarian personnel.

Deprivation of liberty is an ordinary and expected occurrence during armed conflict. Whether carried out by State or non-State parties to NIACs (non-international armed conflicts), seizing and holding one's adversaries is an inherent feature of such situations. Recognizing this, the law of armed conflict generally does not prohibit deprivation of liberty by either party to a NIAC. Indeed, from a humanitarian perspective, the availability of detention as an option, when carried out in a way that safeguards the physical integrity and the dignity of the detainee, can often mitigate the violence and the human cost of armed conflict. IHL (international humanitarian law), therefore, focuses on ensuring that detention is carried out humanely, and rules to this effect exist in the law applicable to both international and non-international armed conflict. Despite the attention given by IHL to deprivation of liberty, the most superficial examination of existing law reveals a substantial disparity between the robust and



detailed provisions applicable in international armed conflict (IAC) and the very basic rules that have been codified for NIACs. The four Geneva Conventions, universally ratified but for the most part applicable only to IAC, i.e., conflict between States, contain more than 175 provisions regulating detention in virtually all its aspects: the material conditions in which detainees are held, the specific needs of vulnerable groups, the grounds for detention and related procedural rules, transfers between authorities, and more. However, there is simply no comparable regime for NIACs. Article 3 common to the four Geneva Conventions and Protocol II of 8 June 1977 addition to the Geneva Conventions, do provide vital protection for detainees, but those protections are limited in both scope and specificity compared to that provided by the Geneva Conventions for IACs.² In addition to treaty law, customary international law also regulates conduct in NIACs.

International Humanitarian Law allows detention in both IACs and NIACs, but it is not prohibited; rather, the focus is on humane treatment. In IACs, the Geneva Conventions offer a very detailed system, with more than 175 rules regulating conditions, procedures, protections for vulnerable groups, and oversight. However, NIACs have considerably fewer and less specific rules, limited for the most part to Common Article 3 and Additional Protocol II, which ban torture and require humane treatment but do not have detailed regulations of detention processes. Customary international law fills in some of the protection gaps, but a considerable gap remains between the robust framework in IACs and the minimal one in NIACs. Overall, the agreements aim at guaranteeing basic human dignity during detention and reducing violence, even though the protection is not even across conflict types.

Position of major nations:

United States: The United States supports international Humanitarian Law and is a party to the four main Geneva Conventions, incorporating them into its domestic law through the war crimes.

China: China supports International Humanitarian Laws and emphasizes respecting them in armed conflicts. But its position is characterized by a strong emphasis on national sovereignty and a pragmatic approach that uses IHL.

Russia: Russia's current position on International Humanitarian Law is characterized by a pattern of aligned violations

United Kingdom: Supports strong IHL protections and condemns attacks on medical facilities. Emphasizes accountability and compliance by all conflict parties.



Germany: A Firm advocate of the Geneva Conventions and protection of medical infrastructure. Supports international monitoring and investigations.

France: Backs strengthened IHL and the safety of medical personnel. Calls for accountability and cooperation with organisations like the ICRC.

India: Supports IHL protections while stressing national sovereignty. Favours state-led investigations and capacity-building efforts.

Japan: Promotes humanitarian protection and prevention of attacks on medical workers. Supports multilateral monitoring and humanitarian aid programs.

Ukraine: Stresses urgent protection of medical facilities due to the ongoing conflict. Advocates for strong enforcement and documentation of violations.

Egypt: Supports IHL while balancing humanitarian concerns with security needs. Advocates for regional cooperation and training for armed forces.

Mexico: Prioritises protection of medical services and independent investigations. Supports stronger UN reporting on violations.

South America: Supports strong IHL protections and safeguarding medical personnel. Emphasises peaceful conflict resolution and improved humanitarian training.

Nigeria: Supports IHL while facing challenges from non-state armed groups. Calls for capacity-building and regional security coordination.

Pakistan: Commits to IHL protections while highlighting counterterrorism needs. Supports accountabilities for all parties, including non-state actors.

Saudi Arabia: Backs IHL protections and calls for clearer humanitarian guidelines. Supports credible investigations and reporting mechanisms.

Turkey: Supports safeguarding medical personnel and humanitarian access. Emphasises coordination with host states and capacity-building.

Indonesia: Promotes protection of medical workers and peaceful conflict resolution. Supports training and international cooperation.

Argentina: Strongly supports IHL and universal protection for medical personnel. Advocates transparency and international accountability.

Qatar: Supports humanitarian protection and expanded safeguards for medical facilities. Advocates for stronger UN monitoring and rapid access.

Key terms:



- **Condemnation of Attacks:** Strong condemnation of all attacks and threats against wounded, sick, medical personnel, and medical facilities.
- **IHL Compliance Mandate:** Demand for all parties to fully comply with International Humanitarian Law (IHL) and the **Geneva Conventions (1949)** and their Protocols.
- **Safe Passage:** Requirement to facilitate **safe and unimpeded passage** for medical and humanitarian personnel.
- **Detention Legality:** Deprivation of liberty is generally **not prohibited** in Non-International Armed Conflicts (NIACs), provided it is carried out humanely.
- **Humane Detention:** IHL emphasizes humane detention to mitigate violence and the human cost of conflict.
- **Legal Disparity (IAC vs. NIAC):** There is a **substantial disparity** between the robust, detailed detention provisions for International Armed Conflicts (IACs) and the basic, limited rules for NIACs.
- **NIAC Legal Basis:** Detention protections in NIACs primarily rely on **Common Article 3** and **Protocol II** of 1977.

Guiding questions:

1. What is the main mandate of the UN Security Council about international peace and security, and in what way does this mandate relate to the protection of medical personnel and facilities?
2. How does UNSC Resolution 2286 of 2016 reinforce the protection afforded by international law to medical establishments and personnel in areas of conflict?
3. What mechanisms-e.g., sanctions, peacekeeping operations, special envoys-does the Security Council have at its disposal to respond to the attacks on medical infrastructure?
4. What are the main obligations of parties to a conflict under the Geneva Conventions and their Additional Protocols about medical personnel and the wounded and sick?
5. Why would attacks on medical facilities pose long-term effects both for civilian populations and national health systems?

6. What are the current gaps under International Humanitarian Law between the legal protections in IAC and those in NIAC?
7. How does the legal disparity between IACs and NIACs affect detainee and medical worker protection in the case of modern conflicts, which are first and foremost NIACs?
8. What are the obligations of state and non-state armed groups with respect to the safe and unimpeded passage of medical and humanitarian personnel?
9. Impunity for attacks on medical facilities can be handled through international, regional, or national accountability mechanisms.
10. What is the role and potential contribution of the UN Secretary-General's "good offices" or investigative missions in ascertaining and responding to violations of IHL against medical workers?
11. How can the Security Council target perpetrators through enforcement measures, such as sanctions or embargoes, while mitigating harm to civilian populations?
12. What are the challenges faced by humanitarian actors in delivering aid in areas where medical facilities are deliberately targeted?
13. How could capacity-building programs support Member-States in strengthening compliance with IHL and ensuring protection for medical services during conflict?
14. What are the main positions of influential Member States, for example, the US, China, and Russia, concerning respect and enforcement of International Humanitarian Law?
15. How do current geopolitical tensions and ongoing conflicts shape the willingness of major powers to support stronger accountability measures for IHL violations?
16. What monitoring or reporting mechanisms could be strengthened or established to better document the attacks on medical facilities?



17. How does the international community address violations committed by non-state armed groups in particular, considering that enforcement is more difficult, especially in NIACs?
18. This might be done through legal, military, diplomatic, or technological preventive measures that could reduce the likelihood of attacks on medical infrastructure.
19. How can peacekeeping missions be adapted to better protect medical personnel and facilities in conflict zones? What is the role that regional organisations such as the African Union, the European Union, or the Arab League can play in upholding respect for IHL and medical service protection?

Delegations

Argentina

Brazil

China

Egypt

France

Germany

India

Indonesia

Iran

Israel

Japan

Mexico

Nigeria

North Korea



Pakistan

Qatar

Russia

Saudi Arabia

Siria

South America

South Korea

Türkiye

Ukraine

United Kingdom

United States

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