

## **Policy Brief: UN Security Council Resolution 2286 and the Protection of Medical and Humanitarian Activities under International Humanitarian Law**

Intentional attacks on hospitals - and health and humanitarian personnel - are prohibited under International Humanitarian Law (IHL) and are considered war crimes under the Rome Statute of the International Criminal Court (ICC), to which Canada is a party.

Despite that prohibition, recent years have seen many such attacks in global conflict zones, in places like Gaza, Sudan, Democratic Republic of Congo, Ukraine, South Sudan and beyond. These acts have been carried out by government forces and non-state actors alike, and are increasingly justified by perpetrators as legitimate uses of force against military targets. This increasing normalization of attacks on hospitals and care providers threatens the foundational principles of IHL and humanitarian action.

Doctors Without Borders/Médecins Sans Frontières (MSF) is an international humanitarian medical organization that provides emergency assistance to populations in crisis, including in conflict zones. In such contexts, the organization's ability to deliver neutral and impartial care to people in need requires IHL to be respected, and for health and humanitarian activities to be protected. Hospitals – and the humanitarian and health workers who deliver medical care – should never become targets.

But as attacks on medical care and humanitarian activities around the world increase, there is a clear need for viable mechanisms to hold perpetrators to account. The impunity of such attacks also underscores the collective failure thus far of member states in the international community – including Canada – to follow through on previous efforts to develop such mechanisms, and to see them fully implemented.

### **UN Security Council Resolution 2286: An important tool**

Particularly relevant in this context is United Nations Security Council Resolution 2286, which was passed 10 years ago this May. The Resolution calls on states to ensure the protection of medical aid activities, and to reaffirm the protected status of hospitals and medical facilities in armed conflicts. Canada was among the states who co-sponsored

UNSCR 2286, and the Resolution was passed unanimously by the UN Security Council on May 3, 2016. Subsequent to its adoption, the UN Secretary General provided recommendations, as requested by the Security Council in paragraph 13 of the Resolution, aimed at enhancing its practical application.

Ten years on, however, the UN Security Council and member states of the UN, including Canada, have yet to fully implement Resolution 2286 or to formally adopt the recommendations of the Secretary General into national plans – even as attacks on health and humanitarian activities become ever more pervasive.

MSF, in response to this erosion of global norms and protections, is pushing more broadly for governments around the world to uphold IHL, and to hold violators accountable for attacks on healthcare, aid workers and civilians in conflict zones. This has included a [recent petition](#) by MSF calling on the Canadian government to uphold IHL.

More specifically, MSF is urging Canada to use the upcoming anniversary on May 3 of its leadership 10 years ago – when it not only co-sponsored Resolution 2286 but also co-chaired, with Switzerland, an informal group of states to promote its implementation – as a moment of accountability, both for the international community and for Canada itself.

To do so, Canada’s government should take the following steps:

- 1. Fully implement and operationalize UNSC Resolution 2286 and accompanying recommendations from the UN Secretary General.**
- 2. Create a time-bound public National Action Plan for the implementation of Resolution 2286 in Canada.**
- 3. Prioritize and resource data collection and reporting on attacks on medical and humanitarian activities, to support accountability, investigation and legal proceedings.**
- 4. Prioritize flexible, needs-based humanitarian funding to restore access to medical care following attacks and targeted disruptions, including to rehabilitate damaged facilities.**
- 5. Reactivate the Informal Group of States (Friends of 2286) with other governments.**
- 6. Issue a statement from Canada’s Minister of Foreign Affairs ahead of the May 3 anniversary.**

- 7. At the UN General Assembly in September 2026, propose to strengthen the implementation of UNSCR 2286.**
- 8. At the UN, propose a Special Rapporteur on the protection of medical and humanitarian activities in conflict zones, with a mandate to advance compliance with IHL and 2286.**

### **Background: Erosion of respect for medical humanitarian action**

MSF's operational experience as a provider of humanitarian medical care in recent years points to a large-scale erosion of fundamental IHL rules and of the global norms on protection of medical personnel and facilities in armed conflicts. MSF facilities and aid workers have come under attack by armed combatants across a number of different contexts: In South Sudan, government forces hit MSF's hospital in Lankien, Jonglei State, with airstrikes on Feb. 3, 2026. Attacks on hospitals and medical activity sites in Darfur amid Sudan's ongoing war forced MSF to halt operations inside El Fasher in 2024 and then in the nearby Zamzam displacement camp in 2025. Throughout the war in Gaza that began in 2023, MSF facilities and the hospitals in which our staff provide support have been hit on multiple occasions with airstrikes. In eastern Democratic Republic of Congo, MSF clinics and staff have been attacked directly by armed groups. So far, none of the perpetrators have been held to account.

MSF is far from the only medical care provider facing such assaults. Data from UN and NGO sources demonstrate that since 2021, attacks against medical and humanitarian action in contexts of armed conflict have increased, with numbers reaching new highs every year. For example, the Safeguarding Health in Conflict Coalition (SHCC) recorded 3,623 incidents in 2024 against healthcare in armed conflict – a new high and an increase of 15 per cent from 2023 and of 62 per cent from 2022. Every database consulted shows that in 2024 the number of attacks as well as the number of medical and aid workers killed had doubled or more from 2021 figures.

The immediate consequences of these events are destroyed facilities and the deaths of healthcare providers; in the longer term, these attacks force medical organizations to withdraw, depriving people and communities of access to lifesaving medical care, and making life even more unbearable in areas in armed conflict.

## **No more “mistakes”: Attempting to justify attacks**

One particularly worrying development has been the changing pattern of attacks on hospitals. In 2015, MSF experienced one of the deadliest attacks in its history in Kunduz, Afghanistan, when US airstrikes destroyed the organization’s trauma hospital, killing staff and patients. The US government eventually acknowledged the attack and issued a formal apology, but maintained the airstrikes were a “mistake” made in the fog of war. Intentionality was never independently verified, as no investigation was carried out (despite MSF’s repeated calls for one). This allowed the US government to deny the strikes were deliberate violations of IHL.

This approach is no longer always being taken. Instead of "mistakes," we have observed that some attacks on hospitals are increasingly being described as justified. In the war in Gaza, for example, Israeli authorities have repeatedly alleged that Hamas has used hospitals to run military activities. On these grounds, Israeli authorities claim that these hospitals have lost their special protection under IHL and qualify as military objectives. These claims form their explicit legal justification for attacks on hospitals in Gaza.

This is not a legitimate or sufficient argument. Under IHL, hospitals and other medical facilities retain protection unless, and only for as long as, they are used to commit acts harmful to the enemy outside of their humanitarian function. Even then, specific protection may cease only after due warning, with a reasonable time limit, and subject to rules on conduct of hostilities of distinction, proportionality and precaution. Hospitals receive one of the highest levels of protection under IHL, and any loss of protection must be the absolute exception. Alleged misuse of a hospital facility does not automatically or permanently strip hospitals of their protected status, especially without comprehensive or sufficient evidence provided.

The bottom line is that parties to conflicts must respect and protect hospitals and other medical facilities in all circumstances. This is not an end in itself: protection of hospitals is a prerequisite for fulfilling the overarching obligation for all parties to care for the wounded and sick, regardless of their identity. This is a cornerstone of IHL, and of basic humanitarian principles.

## **Canada must uphold basic principles**

The adoption of UN Security Council Resolution 2286 in 2016 had particular significance for MSF. The US airstrikes on our hospital in Kunduz, described above, had taken place just months earlier, and galvanized our efforts to push for more accountability and for member

states in the international community to do more to uphold IHL. At the time, Canada responded to this call, and co-sponsored a Resolution at the highest levels of global governance that set down the commitments required for member states to protect medical and humanitarian action in conflict zones.

In the 10 years following the adoption of UN Security Resolution 2286, Canada has issued statements, endorsed political declarations and participated in global initiatives in response to the violations. However, the provisions of the Resolution and its recommendations have yet to be fully implemented, both nationally and multilaterally.

Canada should seize the moment of opportunity presented by the Resolution's upcoming anniversary to reaffirm its commitment, and to fulfill the work already begun. This should include assessing the current status of mechanisms such as the Group of Friends of 2286 that Canada co-convened – including a review of what such initiatives have achieved, and what gaps remain. It is important that this reflection also comes with concrete, forward-looking actions to prevent this important moment from yielding only an empty, symbolic gesture rather than a genuine commitment.

Ten years on, with near-total impunity for attacks on hospitals and growing disregard for IHL by warring parties, the anniversary of UN Security Council Resolution 2286 should be capitalized on to create a moment of reckoning, and to drive renewed national and global action to strengthen its implementation. This is also an opportunity for Canada to work with like-minded countries, and to advance its efforts to reinforce norms and laws in the international rules-based order.