

# Protection of Healthcare Systems under International Humanitarian Law

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## Abstract

The protection of healthcare facilities, personnel, and transport in armed conflicts is a fundamental requirement of International Humanitarian Law and International Human Rights Law. Despite these afforded protections, contemporary armed conflicts demonstrate an alarming rise in targeting healthcare systems. The Gaza Strip represents a significant case of repeated attacks on healthcare facilities, personnel, and transport. This study examines the legality of the Israeli Occupation attacks on the Palestinian healthcare system in the Gaza Strip between 7<sup>th</sup> October 2023 and 30<sup>th</sup> December 2025, relying on the principles of distinction, proportionality, and military necessity, as well as the duties of the occupying power under the Fourth Geneva Convention and the 1907 Hague Regulations.

The research employs a qualitative case study approach combining legal analysis and interpretative evaluation. It uses primary legal sources, such as the Geneva Conventions, the Hague Regulations, the Rome Statute, alongside jurisprudence from the International Court of Justice (ICJ) and the International Criminal Court (ICC), as well as reports from the United Nations. The methodology is grounded in doctrinal interpretation supported by qualitative triangulation of institutional and humanitarian sources.

The findings demonstrate substantial concerns regarding compliance with treaty-based and customary norms, including the unlawful targeting of hospitals, the killing and detention of medical personnel, the destruction of ambulances, and the obstruction of humanitarian relief. For instance, more than 90% of healthcare facilities in the Gaza Strip have been damaged or destroyed, and medical staff have been killed or arrested. These acts undermine the right to health and may amount to war crimes and crimes against humanity under the Rome Statute. The findings also demonstrate that meaningful accountability remains constrained by geopolitical barriers, selective enforcement, and structural weaknesses within international mechanisms. The study underscores the urgent need to reinforce medical neutrality, strengthen investigative and judicial processes, and ensure equal application of international law to protect health systems in armed conflict. It advances legal studies by presenting a typology of healthcare targeting and an accountability mechanism arising from armed conflict.

**Keywords:** attacks on healthcare, protection of healthcare, armed conflict, international humanitarian law, international human rights law, occupied palestine, Gaza strip

## 1. Introduction

Both International Humanitarian Law (IHL) and International Human Rights Law (IHRL) provide protections for healthcare services in time of war through protecting healthcare providers, their medical facilities, and methods of transporting patients, as well as providing a legally recognized individual right to health (Mamun, 2024). However, despite these legal protections, there has been an increase in attacks against hospitals, ambulances, humanitarian workers, and medical infrastructure in recent armed conflicts. These represent a serious violation of principles of IHL (Physicians for Human Rights, 2024; World Health Organization, 2024). Between 2016 and mid-2025, more than 16,094 attacks were documented globally, resulting in severe human suffering and disruption of essential services (Safeguarding Health in Conflict Coalition, 2025; Rubenstein, as cited in The Guardian, 2025).

The Palestinian health system, especially in the Gaza Strip, is significantly impacted by Israeli military actions. These impacts raise several serious legal issues concerning the principles of distinction, proportionality, and military necessity, as well as the obligations of an Occupying State. This research investigates the relevant legal framework, identifies major violations and enforcement challenges, and contributes to scholarship on healthcare protection during armed conflict. In addition, the study proposes an analytical typology of healthcare targeting and a post-conflict accountability framework

that may assist future legal and policy discussions concerning the protection of healthcare systems during armed conflict. The following abbreviations are used throughout the study: International Humanitarian Law (IHL), International Human Rights Law (IHRL), World Health Organization (WHO), International Criminal Court (ICC), International Court of Justice (ICJ), and Office of the High Commissioner for Human Rights (OHCHR).

### *1.1 Statement of the Problem*

The IHL and IHRL provide protections to medical facilities, personnel, and transport to ensure the provision of medical services in conflict zones. However, these protections are threatened in occupied Palestine by the increasing attacks committed by the Israeli occupation forces. Attacks on medical facilities, personnel, and transport prevent medical treatment from being provided duly and in a timely manner. As such, access to the right to health is under attack (United Nations, 1966). Therefore, this study intends to assess whether the actions of the Israeli occupation forces were lawful. The study then investigates whether there have been violations of the laws relating to distinction, proportionality, military necessity, and responsibilities of the occupying power, which apply to the attacks on healthcare facilities, personnel, and transport, as well as humanitarian efforts.

### *1.2 Research Objectives*

The main goal is to assess the legality of the attacks on the healthcare systems in the course of armed conflicts, as is the case in Palestine. The specific objectives are as follows:

1. To investigate the global legal frameworks that protect the healthcare system in the course of armed conflicts.
2. To investigate the consequences and nature of the attacks by the Israeli military on the Palestinian healthcare system.
3. To assess the extent to which the attacks by the Israeli military on the Palestinian healthcare system are a violation of the IHL and the IHRL.
4. To investigate the challenges the global community faces in the course of combating the violation of international law on the protection of the healthcare system in the course of armed conflicts.

### *1.3 Research Questions*

To attain the objectives set, the study will seek to answer the following research questions:

1. What are the current international laws in place to protect the healthcare system in times of armed conflict?
2. What are the features of the Israeli occupation attacks on the Palestinian healthcare system?
3. To what extent do the attacks by the Israeli forces violate the IHL and the IHRL?
4. What challenges does the international community face in enforcing the violations of international laws in the protection of the healthcare system in times of conflict?

## **2. Methodology**

This is a qualitative case study that integrates a doctrinal legal methodology with an interpretative research design to provide a critical analysis of IHL and IHRL from statutory, jurisprudential, and implementation perspectives. The methodology analyzes treaties, customary international law, judicial decisions, and institutional reports regarding the protection of the healthcare system during armed conflict. The primary legal reference points for this project will be the Geneva Conventions and their additional protocols, the 1907 Hague Regulations, and relevant judgments from the ICJ and ICC. Secondary data includes information and/or reports from international organizations (WHO, OHCHR, OCHA); Palestinian government agencies (Palestinian Ministry of Health, PCBS), and international NGOs (MSF, AIHRW, ICRC). The study uses source triangulation by comparing institutional reports, humanitarian documentation, legal instruments, and judicial materials. Such triangulation is intended to strengthen the reliability of the legal analysis by enabling comparison across multiple independent sources addressing the same incidents and legal questions. The sources used in this paper were identified according to certain predetermined criteria that included official documents produced by institutions, articles from legal scholarly journals, and reputable humanitarian agencies. Documents considered for analysis had to have been written in the period from 2023 to 2025, concerned themselves with healthcare protection during war, and originated from reliable legal or humanitarian international organizations. Future studies may further complement qualitative source triangulation through interdisciplinary approaches for organizing and monitoring large collections of humanitarian, institutional, media, and social-media materials, including developments in text classification and topic-modeling methodologies (Cantini et al., 2025; Cosentino et al., 2026).

The study is an investigation using desk research methods into documented Israeli force attacks on healthcare in Palestine from 7<sup>th</sup> October 2023 through to 30<sup>th</sup> December 2025. The chosen time frame takes into account the increased level of

conflict that occurred after October 2023 in the Gaza Strip, which allows one to consider the possible consequences from a legal perspective for attacks during the extended period of conflict. This study seeks to provide a critical legal evaluation of those actions based on International Law (specifically the IHL Principles of Distinction, Proportionality and Military Necessity) and the IHRL Right to Health. The analysis further distinguishes between documented incidents, institutional findings, contested allegations, and the legal interpretation adopted in this study.

Qualitative consistency checking was also done in the study through cross-validation among several sources of information that are independent of each other, both humanitarian and legal. The reports included were chosen on the basis of institutional reliability, relevance to healthcare protection in times of war, legal importance, and proximity in time to the events described. No computational method, including AI-supported data analysis or hyperparameter optimization analysis, was used in this study.

### *2.1 Significance of the Study*

The purpose of the research presented here is to present fresh perspectives concerning the understanding and practice of IHL when dealing with health systems operating under conditions of protracted conflict. Through an examination of the occupied Palestinian territory, violations of IHL as a consequence of the attacks on healthcare are presented. Another contribution made by the research is its involvement in current academic discourse on the impacts of attacks on health, beyond the individual cases examined. Furthermore, the proposed typology of healthcare targeting seeks to contribute conceptually to broader legal debates concerning accountability, medical neutrality, and the protection of civilian infrastructure during contemporary armed conflicts. The proposed typology and accountability framework should be understood as analytical and conceptual contributions that may require further examination and validation in other conflict settings.

### *2.2 Limitations of the Study*

This study has a number of limitations. The first is that it relies upon non-empirical qualitative methodology (such as an examination of legal documentation) and therefore lacks depth compared to empirical methodologies. Nevertheless, doctrinal and qualitative analysis still constitutes a method in international legal research that is well suited to the study of treaty commitments, customary international law, and legal institutions' interpretations of law. Furthermore, data collection can be severely limited in areas affected by conflict, including Palestine. Much of the existing data may also have been produced by parties with vested interests, which can result in biased perspectives, further limiting the ability of the researchers to produce unbiased results. To reduce this limitation, the study compares findings from multiple international organizations, humanitarian agencies, legal instruments, and institutional reports whenever possible. Lastly, the study's focus on Palestine alone limits the researchers' ability to generalize their results broadly. However, where relevant, comparative references to other settings of armed conflict are provided to place the conclusions drawn in the wider context of international humanitarian law discourse regarding attacks on medical facilities.

### *2.3 Theoretical Framework*

International humanitarian law (IHL), and international human rights law (IHRL), are the two main bodies of law that protect healthcare systems from the consequences of armed conflict. The study will be based on a combination of the doctrines of both IHL and IHRL; an examination of how they have been implemented in the context of occupation and war, and an assessment of how political factors have influenced the laws. In addition to this, the research recognizes the application of the principle of *lex specialis*, which makes IHL a specialized law that takes precedence over any other law and acts as the first point of reference in determining the actions of parties in times of armed conflict.

This methodology enables one to analyze the obligations of international humanitarian law concerning occupation law (Articles 43-56 of the Hague Regulations of 1907 and Article 56 of the Fourth Geneva Convention), where the occupying power is bound to provide medical aid and hospital services, as well as ensuring public health and sanitation in the area of occupation. In addition, the present study considers the problems associated with the enforcement of those legal obligations under the particular conditions existing in Palestine. Lastly, the present study includes the analysis of the legal aspects of the attacks on healthcare facilities within the rules of distinction, proportionality, necessity, precautions, and medical neutrality.

## **3. Literature Review**

The literature review highlights legal, academic, and institutional discourses related to the Protection of Medical Units, Personnel, and Transport in Armed Conflict. The Literature Review has been divided into four key components, namely, International Law protecting healthcare as well as International Humanitarian Law (IHL) and International Human Rights Law (IHRL), Israeli Forces' Attacks on Healthcare Infrastructure in Palestine, IHL and IHRL violations, and International Accountability Frameworks.

### *3.1 International Legal Frameworks Safeguarding Healthcare Systems in Armed Conflict*

Protection of healthcare systems during armed conflict is governed by both customary public international law and treaty-based international humanitarian law (IHL), with further protections provided by international human rights law (IHRL). Due to the "lex specialis" doctrine, which has been recognized by the ICJ and ILA, IHL supersedes IHRL during a time of armed conflict. Nevertheless, modern international legal literature acknowledges that IHRL also applies in times of armed conflict along with IHL, especially as far as non-derogable rights and the right to health are concerned. While this means that IHL provides the primary source of protection during times of war and armed conflict, IHRL can also offer additional protection through provisions such as the right to health and access to medical treatment. This section focuses on IHL as the *lex specialis*, describing the protections found in the Geneva Conventions, their Additional Protocols, and CIHL. The section also examines how these legal protections operate within situations of occupation and prolonged armed conflict. The review also provides the conceptual foundation for the study's proposed typology of healthcare targeting and post-conflict accountability framework.

### *3.2 International Humanitarian Law*

The IHL is an international body of law that outlines acceptable conduct for parties in armed conflict and protects civilians not involved in hostilities. Since the first Geneva Convention was signed in 1864, IHL has expanded protections for the wounded, sick, medical units, personnel, and transport (Breitegger, 2013).

The core legal framework of International Humanitarian Law (IHL) consists of the Four Geneva Conventions (1949), their Additional Protocols (1977 and 2005), and customary international law, which together regulate the protection of healthcare systems in armed conflict (International Committee of the Red Cross, 2005, 2015). The Further Protocols also ensure the security of health workers through respect and non-interference in medical ethics. Similarly, Article 9 of AP II and Article 20 of GC IV provide such safeguards.

CIHL Rules 28 to 31 and 33 ensure protection of medical facilities, personnel, and means of transport, losing protection only if used in any hostile act post warning. Additional treaty protections apply in both international and non-international armed conflicts and extend to medical facilities, hospital ships, medical aircraft, and recognized protective emblems, including the red crystal introduced by AP III (2005).

The protection of medical units, personnel, and transport is governed by the principles of distinction, proportionality, and military necessity.

### *3.3 International Human Rights Law*

International Human Rights Law (IHRL) guarantees the dignity and rights of all individuals as universal, inalienable, and indivisible, requiring protection without discrimination (Office of the United Nations High Commissioner for Human Rights [OHCHR], n.d.). Its modern framework originates from the 1948 Universal Declaration of Human Rights (UDHR), which, although not legally binding, is widely regarded as customary law (United Nations, 1948).

Together with the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR), the UDHR, together with the ICCPR and ICESCR, constitutes the International Bill of Human Rights, in this regard, compliance will be reviewed and assessed by agencies such as the United Nations Human Rights Council, the International Court of Justice (ICJ) and the International Criminal Court (ICC); OHCHR (n.d.), United Nations (1948).

The right to health (R2H) is a fundamental right during armed conflict. This right is defined under Article 25 of the UDHR and Article 12 of the ICESCR, as a right to healthcare and the "highest attainable standard of physical and mental health." According to the WHO, health is defined as a "state of complete physical, mental, and social wellbeing," achieved via services that provide access to healthcare, availability, acceptability, and quality. These include factors such as food security, education, gender equality, and living conditions.

Although the ICCPR does not explicitly recognize the R2H, its protections of the right to life and prohibition of inhumane treatment are essential to its realization. Additionally, various human rights instruments, International Humanitarian Law, and the Geneva Conventions uphold the right to health during armed conflict, while the UN Charter underscores health as a prerequisite for peace and security (United Nations, 1945).

In the occupied territories, such as the Occupied Palestinian Territory (OPT), the R2H is also protected by another set of rules known as the International Humanitarian Law (IHL). Geneva Convention IV (1949), Article 56 and Article 43 of the Hague Regulations of 1907 provide that the occupying state must "respect and ensure respect for" public health, medical aid, health issues, and vital civil institutions. Such requirements place a positive duty on the occupying force to provide and facilitate healthcare and medical treatment for civilians.

International Human Rights Law (IHRL) remains applicable during times of war, along with IHL, which remains the *lex*

specialis, and a complete legal regime to protect healthcare systems exists. Despite all these steps, the right to health (R2H) continues to be violated in areas affected by war, such as the OPT. This section discusses such violations in relation to IHL and IHRL.

### *3.4 Israeli Occupation Attacks on the Palestinian Health System*

Attacks on healthcare in conflict zones are increasingly frequent and severe, restricting access to care and threatening human life (Afzal & Jafar, 2019). These kinds of attacks can cause major humanitarian problems (World Health Organization, 2024). According to the World Health Organization, an attack is defined as "any act of violence, threat, or obstruction against persons and goods involved in the provision of healthcare" (World Health Organization, 2024). Some forms of attack may include an assault on medical facilities, restrictions on humanitarian access, blocking medical evacuations, assaulting medical staff, and interfering with medical transportation services.

Between 1 January and 31 December 2024, there were reports of attacks on health facilities worldwide that reached a total of 3,623. This represents a 15 percent increase over 2023 and a 62 percent increase over 2022. Much of the increase in reported attacks was due to ongoing conflict in Palestine, Syria, Sudan, Myanmar, and Ukraine (Safeguarding Health in Conflict Coalition, 2024). Attacks like these are destructive and last for many years to the basic infrastructure of public health (Gavi, 2024).

Restrictions on access to health services are severe in Occupied Palestine. In the West Bank, including East Jerusalem, there are restrictions due to movement limits, military actions, fear, settler violence, multiple attacks, and permits that limit access to care (World Health Organization, 2025a). In addition, a 17-year-long closure/blockade of the Gaza Strip has limited medical equipment, fuel, and power, leaving the health system in an extreme state of crisis. Medical supplies were further limited by withholding of revenue from the healthcare system in the Gaza Strip (Medical Aid for Palestinians, 2024). Since 7 October 2023, military forces of Israel, the Occupying Power, have conducted 1,571 attacks against healthcare in Palestine, with 837 occurring in the West Bank and 734 occurring in the Gaza Strip (World Health Organization, 2025a).

### *3.5 Attacks on Medical Units, Hospitals, and Patterns of Violations*

The healthcare sector in the Gaza Strip has been repeatedly targeted, affecting medical personnel, patients, and supplies. Médecins Sans Frontières reports that "most health-care facilities and humanitarian services have been destroyed and replaced with less effective, makeshift solutions," leading to rising mortality rates (Médecins Sans Frontières, 2025).

A joint assessment by the World Bank, United Nations, and European Union estimated that 772 health facilities across public, private, NGO, and UNRWA systems have been either partially or completely destroyed (World Bank et al., 2025). Out of a total of 38 hospitals, 15 have been destroyed, while another 21 have been affected to some extent. According to the Palestinian Ministry of Health, only 16 hospitals remain partially functional, but these hospitals have experienced serious shortages and overload (Palestinian Ministry of Health, 2025). According to the World Health Organization, 94% of hospitals, 91% of medical centers privately run, and 88% of healthcare centers have been either destroyed or damaged (World Health Organization, 2025a).

Hospitals continue to be raided and remain places of persistent violence. Raids have targeted at least 28 hospital facilities and resulted in the arrest of 192 medical workers. Physical attacks, stripping of clothing, and "disappearance" from raids have been documented. Medical personnel in three instances died while detained by Hamas. Among the destroyed hospitals or rendered dysfunctional are Al-Shifa, Al-Ahli, Nasser, and Kamal Adwan Hospitals. Severe damage has been inflicted on the Turkish Friendship Hospital, particularly affecting cancer treatment facilities. Explosions have made hospitals inaccessible (World Health Organization, 2025b). In response to the Rafah invasion of May 2024, many hospitals have stopped their activities. Blockades of facilities, destruction of property, and restrictions on access to fuel and medical supplies have impeded the delivery of healthcare. Outages of power have led to neonates dying in incubators and surgery carried out without anesthetic procedures (Médecins Sans Frontières, 2025).

The OHCHR Monitoring Report identifies a recurring pattern of attacks by Israeli forces against hospitals in the Gaza Strip, resulting in disruptions to hospital operations and affecting both patients and internally displaced persons (IDPs). The procedure followed when carrying out such attacks entails first, air strikes and artillery fire around the hospitals; secondly, ground sieges restricting supply access, and finally raids with heavy machinery where medical practitioners, patients, and IDPs are arrested and evacuated forcefully (World Health Organization, 2025a).

Al-Shifa Hospital serves as an example here. Military operations against the hospital began on November 3, 2023, when around 50,000 IDPs took refuge within the hospital grounds. In the period from 3 to 17 November, several airstrikes led to the deaths of at least 25 Palestinians, as well as injuries among healthcare professionals, and damage to vital infrastructures that reduced the functional capabilities of the hospital. From 14 November onwards, the military completely surrounded the hospital, and, by 15 November, military interventions occurred, leading to the expulsion of roughly 5,000 people.

Claims by Israel, the Occupying Power, that tunnels existed beneath the hospital could not be independently verified by the UN Office for the High Commissioner of Human Rights (OHCHR). Accordingly, the available evidence reviewed in this study does not permit definitive legal conclusions regarding the alleged military use of the facility. Legal relevance of the above instances continues to remain highly contentious, especially in relation to the standard of proof necessary for the deprivation of medical protection under IHL.

### *3.6 Attacks on Medical Personnel and Humanitarian Workers*

By May 2025, Israeli military attacks had resulted in a significant loss to the healthcare and humanitarian community. At least 917 medical and humanitarian workers were killed, more than 1,000 were injured, and more than 300 were arrested. Most of these occurred while they were working (World Health Organization, 2025a; Palestinian Ministry of Health, 2025). A minimum of 479 humanitarian workers were killed by Israeli attacks, according to OCHA. These included at least 326 U.N. employees as well as at least 100 Palestinian civil defense personnel who died while engaged in emergency activities (Office for the Coordination of Humanitarian Affairs [OCHA], 2025a).

The blockade has also severely limited the ability of humanitarian organizations to provide assistance, in addition to the continued military offensive. As such, "relief activities continue to be hampered," according to the United Nations Secretary General. Medical personnel have been forced to ration life-saving medicine due to a lack of access to sufficient amounts (Office for the Coordination of Humanitarian Affairs [OCHA], 2025b). A representative of one of those organizations stated that even when there is an official designation of protected status for aid workers, they can still expect to be killed (United Nations, 2025).

### *3.7 Attacks on Transports and Marked Emblems*

Beginning in October 2023, Israeli military actions have repeatedly targeted ambulances and emergency response units in the Gaza Strip. In the six months preceding June 2025, the World Health Organization documented a total of 188 events impacting medical transportation in the Gaza Strip, consisting of the blockade of ambulance routes, denial of access for ambulances to reach patients, and direct attack on medical transport vehicles. As of mid-2025, the Palestinian Ministry of Health estimates that 130 ambulances are unable to operate due to either physical damage or lack of available gasoline, there will be only 43 functioning ambulances operating in the Gaza Strip (Palestinian Ministry of Health, 2025; World Health Organization, 2025a).

A major incident took place on 23rd March 2025 when Israeli fire attacked a Palestine Red Crescent Society (PRCS) ambulance transporting wounded people. Eight of the staff members for this ambulance service were shot dead during this attack. The Israeli military then blocked access to the area for five days. After they partially opened up the area again, one of the bodies was found. On the 30th of March 2025, a mass grave with fourteen aid workers from PRCS, Civil Defense, and UNRWA, as well as damaged rescue equipment, was discovered (Palestine Red Crescent Society, 2025).

### *3.8 Obstruction of Medical Evacuation*

The destruction of healthcare facilities in the Gaza Strip has greatly impacted its capability to address a rising population of the injured/sick. As of February 2025, there are only approximately 1900 available hospital beds for a population exceeding two million. In addition, only about forty-five of three hundred twelve available operating rooms have been restored, thereby creating significant limitations as it pertains to performing major surgeries (Palestinian Ministry of Health, 2025; World Health Organization, 2025b).

Beginning in October 2023, there were approximately 57,000 civilian casualties and an estimated 136,000 injuries (Palestinian Ministry of Health, 2025). At present, it is believed that some 30,000 of those injured are without access to rehabilitation services, and it is estimated that 350,000 patients requiring ongoing care for chronic diseases are unable to receive treatment. It has been estimated that as many as 12,000 – 14,000 patients, including 5,000 children who need immediate medical evacuation, have had their requests denied. Only 2,446 patients have been allowed to evacuate from the Gaza Strip through restrictions imposed by Israel (World Health Organization, 2025b). Restrictions on access to medical care have resulted in approximately 11,000 cancer patients being put at risk of death. The Palestinian Ministry of Health reported that a total of 338 cancer patients have died since restrictions began. In addition, 41 percent of dialysis patients have died while waiting for treatment outside the Gaza Strip. A total of 513 patients awaiting evacuation or transportation have also died (Palestinian Ministry of Health, 2025).

### *3.9 Obstruction of Humanitarian Aids and Essential Medicines*

Since October 2023, Israel, the Occupying Power, has restricted humanitarian aid to the Gaza Strip for over a year by limiting the volume of all humanitarian aid that can be transported into the Gaza Strip. At this time, only small quantities of humanitarian aid like food, medicine, and basic sanitation have been permitted into the Gaza Strip. On 23rd June 2025, large amounts of humanitarian aid were still stranded in Egypt waiting for clearance from the Israeli government (Logistics Cluster, 2025). The prolonged restrictions imposed since October 2023 resulted in serious shortages of essential

medicines and medical consumables in the Gaza Strip. It is estimated that 47% of all essential medicines are currently unavailable in the Gaza Strip, and 65% of all medical consumables are also unavailable; both statistics show how severe the current health crisis is (Palestinian Ministry of Health, 2025). These shortages have been very detrimental to the provision of emergency care and operations that hospitals can offer.

Due to simultaneous restrictions on accessing food, large numbers of people in the Gaza Strip have experienced malnutrition. Malnutrition is being experienced by approximately 92% of infants and young children and approximately 92% of pregnant or lactating women (Office for the Coordination of Humanitarian Affairs [OCHA], 2025a). The number of young children and women experiencing acute malnutrition from April 2025 through March 2026 will include an estimated 17,000 women and 71,000 children. An estimated 14,100 will be at risk for severe forms of acute malnutrition (World Food Programme, 2025). Amnesty International referred to this as the "weaponization" of humanitarian assistance and "starvation as a tool of war," while the World Food Programme stated that daily caloric consumption had dropped below subsistence requirements (Amnesty International, 2025; World Food Programme, 2025).

### *3.10 Legal Analysis of Israeli Attacks on the Palestinian Healthcare System*

Pursuant to Article 56 of the Fourth Geneva Convention, Israel, as the Occupying Power, bears responsibility for ensuring and maintaining public health and hygiene, facilitating access to medical care, and preventing the spread of infectious diseases within the occupied territory. In addition, they must ensure that all available resources and/or humanitarian aid are accessible when local resources are inadequate or insufficient (Geneva Convention IV (1949); Hague Convention IV (1907)). This is especially significant in cases where the civilian population relies significantly on humanitarian aid and healthcare facilities to stay alive.

Breaches of both treaty and customary IHL exist in the Gaza Strip through attacks on healthcare facilities/obstruction of aid/humanitarian relief & through restriction of essential supplies/fuel. Examples include bombing of hospitals/doctors/nurses, ambulances & hospital transports; besieging medical centers; restricting aid/fuel deliveries; and forced evacuation of patients without alternative medical treatment. These attacks have contributed to the collapse of healthcare services, reduced access to care, and violations of the rights to health and life (OHCHR & WHO, 2008). Nevertheless, when assessing these events from a legal standpoint, the need to analyze the facts is paramount concerning military necessity, proportionality, precautions, and the level of proof needed to lose the protected status of the medical mission under IHL.

The documented findings reviewed in this study raise serious questions regarding whether Israel, the Occupying Power, has failed to fulfill its obligations to maintain healthcare services, given the reported deterioration of the healthcare system. . These actions may constitute collective punishment and could amount to war crimes under international law (Rome Statute, 1998; OHCHR, 2025). This is the reason why the cumulative result of constant assaults, withholding humanitarian aid, and interference with medical assistance could possibly lead to problems of state accountability and individual liability under international law.

### *3.11 Violations of IHL: Attacks on Protected Medical Units, Personnel, and Transports*

In accordance with International Humanitarian Law, medical establishments, health-care providers, and means of transport are protected from any form of attack except when such institutions are used for hostile purposes other than the primary humanitarian one (International Committee of the Red Cross, 2015, Geneva Convention I (1949); Additional Protocol I (1977)).

There is a legal question arising due to the attacks carried out against Al-Shifa and Al-Ahli hospitals through artillery fire, blockades, and evacuation procedures, because these attacks can only happen when these units lose their protected status. There is also a need to examine the precautionary measures taken in this context. There is an allegation by the Israeli authorities about the use of Al-Awda and Al-Aqsa hospitals for military purposes; however, there is no evidence at hand to substantiate this claim (Office of the United Nations High Commissioner for Human Rights, 2025). As such, independent verification is essential in determining whether the conditions for loss of protection under International Humanitarian Law have been met.

Under International Humanitarian Law, medical facilities lose protection only when they are used as military objectives and after a prior warning has been issued. Attacks on medical facilities must comply with the principles of distinction, proportionality, and military necessity while ensuring the protection of civilians, healthcare personnel, and wounded patients (Rules 110, 25 & 28, International Committee of the Red Cross, 2005).

The targeting of clearly marked ambulances and the attacking of medical personnel, such as those in the PRCS convoy attack in March 2025, violates both the Geneva Conventions and customary IHL, which may amount to war crimes according to articles 8(2)(b)(ix) of the Rome Statute (Geneva Convention IV (1949), Arts. 18–20; International Committee of the Red Cross (ICRC), 2005, Rules 25, 28 & 29; Additional Protocol I (1977), Art. 13; Rome Statute of the International Criminal Court (1998)).

According to the institutional reports reviewed in this study, these attacks have significantly weakened the healthcare system. The UN Commission of Inquiry has found evidence of deliberate attacks against medical personnel and facilities that may constitute war crimes or crimes against humanity, including extermination, despite no confirmed military use of protected hospitals under International Humanitarian Law (United Nations General Assembly, 2024; Medical Aid for Palestinians, 2024).

### *3.12 Israeli Violations of the Principles of Distinction, Proportionality, and Necessity*

The Israeli military's impact on healthcare in the Gaza Strip constitutes a major portion of an assessment of Israel, the Occupying Power, and its compliance with IHL distinctions and proportionality (Additional Protocol I, 1977 Articles 48 and 51). The principle of distinction requires that military objectives be distinguished from civilians and civilian objects (protected under international law), which include medical staff, healthcare institutions, and medical transportation. While Israel has contended that some hospitals in the Gaza Strip, notably Al Shifa, Al Ahli, and the Indonesian, were used for military purposes, independent entities (such as OHCHR, the UNCOI) have been unable to verify this claim and therefore maintain the hospitals' protected status. The absence of independently verified evidence regarding military use remains significant in evaluating whether attacks complied with IHL requirements relating to protected medical units.

Proportionality will occur if the incidental civilian damage or suffering is excessive in relation to the expected military advantage. Based on the reports and evidence examined in this study, the large-scale destruction of healthcare infrastructure by repeated strikes at healthcare facilities, ambulances, and numerous incidents where more than one thousand healthcare providers were killed, along with attacks on relief workers, suggest that civilian casualties far exceeded any claimed military gain.

The siege tactics, shelling, evacuation, denial of access, and destruction of health facilities appear to have a larger objective than military expediency. Unsubstantiated military activities cannot be used as grounds for such destruction, raising legality issues. All these attacks have a collective violation of treaty and customary laws and can result in liability before the ICC by virtue of the Rome Statute.

### *3.13 International Accountability and Enforcement*

The international response to the situation in the Gaza Strip has included widespread condemnation from states, the United Nations, NGOs, and human rights organizations regarding attacks on the healthcare system. Between October 2023 and August 2025, the United Nations Human Rights Council adopted six resolutions (A/HRC/RES/58; A/HRC/RES/58/27; A/HRC/RES/58/28; A/HRC/RES/58/2; A/HRC/RES/55/28; A/HRC/RES/55/32), while the United Nations General Assembly adopted five resolutions calling for an immediate ceasefire, protection of civilians, and compliance with international law.

Judicial avenues were also explored. In *South Africa v. Israel*, provisional measures were taken by the International Court of Justice to prevent genocide and provide humanitarian aid, such as medical care, and it was suggested that attacks on hospitals could be used to commit acts of genocide (International Court of Justice, 2024). The International Criminal Court was also conducting investigations for war crimes and released an arrest warrant against some officials on charges such as using starvation as a tool of war and attacking infrastructure (International Criminal Court, 2024).

In spite of these advances, enforcement is still relatively weak. Commentators point out discrepancies in international reaction vis-à-vis those for other wars, while UN experts have mentioned the problem of inconsistency in the execution of the world's rule of law. Arrest warrants issued by the ICC are yet to be enforced, provisional measures from the ICJ have not been carried out, and the Security Council's actions have been restricted owing to the veto powers of its permanent members. Nevertheless, the effectiveness of these accountability mechanisms remains the subject of continuing legal and scholarly debate, particularly regarding implementation, enforcement, and compliance in protracted armed conflicts.

## **4. Conclusion**

This qualitative research investigated whether or not attacking healthcare in the course of an armed conflict is legally permissible in the Palestinian context with particular reference to the period from 7<sup>th</sup> October 2023 to 30<sup>th</sup> December 2025 within the Gaza Strip. The study evaluates legal protection under International Humanitarian Law, Customary International Humanitarian Law, and International Human Rights Law for attacks on healthcare systems. The analysis was based on legal doctrine and supported by reports from institutions and case law, with particular focus on the principles of distinction, proportionality, military necessity, and the law of occupation.

The study found that there were significant problems in adherence to and enforcement of these laws. For example, the available documentation reviewed in this study did not demonstrate military necessity for many attacks on healthcare facilities and warnings had not been provided to affected parties before their occurrence, as required by Article 13 of the First Protocol Additional to the Geneva Conventions. These findings are drawn from a review of documented reports by

international organizations, humanitarian agencies, and legal texts, rather than direct empirical verification in the field. The targeting of hospitals, healthcare centers, health workers, and ambulances appears to be behavior that directly opposes the safeguards guaranteed to these objects under the Geneva Conventions and Customary International Humanitarian Law. Such measures weaken, as well, the duties of an occupying power, such as Israel to guarantee and uphold in the territory under its occupation the health of the population and medical care, which are its duties that are clearly defined in the Hague Regulations and Geneva Convention IV (Hague Regulations 1907; Geneva Convention IV 1949). Beyond simply documenting these violations, this study provides a typology for modern warfare's healthcare targeting that consists of four types. The first type, collateral damage, occurs when medical structures are unintentionally impacted by nearby military attacks. Secondly, military targeting, which has been justified based on an alleged military use of the facility. A third type, systemic degradation (i.e., collapse) of a nation's health sector, i.e., the Gaza Strip's, is representative of long-term harm to all aspects of a nation's health sector (personnel, infrastructure, access). Lastly, instrumental targeting involves using health systems as tools for military objectives, such as besieging hospitals to create population displacement, attacking medical professionals to prevent them from providing care, and utilizing medical resources as weapons. This typology is meant as an analytical addition to existing legal scholarship rather than a final classification and requires further validation across different conflict environments. .

This study contributes to the development of the principle of medical accountability after conflict, which comprises four commitments. First, there is a commitment to documentation for accountability. Second, there is a commitment to the investigation of the incidents through independent bodies to establish responsibility. Third, there is a commitment to reparations in the form of restoring services, compensation, rehabilitation, and non-repetition. Fourth, there is a commitment to reforms that seek to enhance the protection of healthcare in times of war. This concept would contribute to ongoing debates in international humanitarian law regarding systemic harm, transitional justice, and accountability for strikes on critical civilian infrastructure, but warrants further exploration in additional contexts of armed conflict. Firstly, there must be more emphasis on the systemic harm done by conflict to healthcare systems, especially in relation to IHL and its incident-specificity. Secondly, the principle of medical neutrality needs to be developed further, especially in cases of the possible military use of medical facilities. Thirdly, transitional justice must incorporate healthcare-related abuses in its mechanisms and include health-system reconstruction into reparations.

This case study presents a systematic deterioration of the healthcare system in the Gaza Strip, which indicates the necessity of more effective enforcement measures and legislation concerning systemic harm. It also indicates that there is a need to enhance international monitoring, investigative mechanisms, and political will in implementing the legal norms geared to safeguard healthcare in armed conflict. It will be necessary to conduct further studies of the application of these issues in various conflict zones, as well as any bioethical consequences of post-conflict healthcare reconstruction.

### **Abbreviations**

CIHL refers to Customary International Humanitarian Law; GC IV refers to the Fourth Geneva Convention (Geneva Convention relative to the Protection of Civilian Persons in Time of War, 1949); Hague Regulations refer to the Hague Convention (IV) Respecting the Laws and Customs of War on Land (1907); ICC refers to the International Criminal Court; ICJ refers to the International Court of Justice; ICRC refers to the International Committee of the Red Cross; IHL refers to International Humanitarian Law; IHRL refers to International Human Rights Law; MOH refers to the Ministry of Health (Palestine); MSF refers to Médecins Sans Frontières (Doctors Without Borders); NGO refers to Non-Governmental Organization; OCHA refers to the United Nations Office for the Coordination of Humanitarian Affairs; OHCHR refers to the Office of the United Nations High Commissioner for Human Rights; OPT refers to the Occupied Palestinian Territory; PRCS refers to the Palestine Red Crescent Society; R2H refers to the Right to Health; UN refers to the United Nations; UNRWA refers to the United Nations Relief and Works Agency for Palestine Refugees in the Near East; and WHO refers to the World Health Organization.

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### **Author contributions**

Maria Yousef AlAqra' was responsible for writing the original draft, methodology, data curation, analysis, and conceptualization.

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