



Security Council

Distr.: General
3 May 2021

Original: English

Protection of civilians in armed conflict

Report of the Secretary-General

I. Introduction

1. The present report is submitted pursuant to the request in the statement by the President of the Security Council of 21 September 2018 (S/PRST/2018/18). It also responds to the Council's requests for reporting on specific themes in resolutions [2286 \(2016\)](#), [2417 \(2018\)](#), [2474 \(2019\)](#) and [2475 \(2019\)](#).

2. The global state of the protection of civilians in armed conflict in 2020 is reviewed in section II. Armed conflict continued to be characterized by high levels of civilian death, injury and psychological trauma, sexual violence, torture and disappearance, as well as damaged and destroyed homes, schools, markets, hospitals and essential civilian infrastructure, such as electrical and water systems. The threat of famine resurfaced, with the worst hunger and highest risks of famine clustered in conflict-affected areas. Conflict, environmental degradation and climate risks converged, with vast humanitarian consequences. More people were forcibly displaced in mid-2020 than the year before.

3. The state of the protection of medical care in armed conflict, five years since the adoption by the Security Council of resolution [2286 \(2016\)](#), is examined in section III. Violence, threats and attacks against medical care persist. Combined with conflict, the coronavirus disease (COVID-19) pandemic is intensifying human suffering and placing enormous strain on weakened health-care services. While some States have developed and implemented good practices to protect medical care, much more needs to be done.

4. With COVID-19 spreading around the world, in March 2020 the Secretary-General called for an immediate global ceasefire to help to create corridors for life-saving aid, open windows for diplomacy and bring hope to those most vulnerable to the pandemic. In its resolution [2532 \(2020\)](#), adopted in July 2020, the Security Council also demanded a general and immediate cessation of hostilities in all situations on its agenda, recognizing that conditions of violence and instability in conflict situations could exacerbate the pandemic. The Council reiterated that demand in its resolution [2565 \(2021\)](#). The call for a global ceasefire generated widespread support. A total of 180 Member States and one non-member observer State endorsed the call, as did more than 20 armed groups and other entities and more than 800 civil society organizations. That broad support notwithstanding, armed conflict continues to deepen vulnerabilities and exacerbate the impact of the pandemic.



5. In February 2020, the Secretary-General launched a call to action for human rights, which promotes a transformative vision for human rights that provides specific solutions to fundamental human rights challenges. The call to action envisages the development of an agenda for protection that provides a common understanding across the three pillars of the United Nations of the centrality of protection and seeks to ensure a common approach to human rights protection, building on existing protection systems.

II. Global state of the protection of civilians in armed conflict

A. Civilians bear the brunt of military operations in 2020

6. Civilian casualties were reported in several armed conflicts, including in Burkina Faso, Cameroon, the Central African Republic, Libya, Mozambique, Somalia and Ukraine. In Afghanistan, the United Nations Assistance Mission in Afghanistan documented 8,820 civilian casualties in 2020, of whom 30 per cent were children. That figure was 15 per cent lower than in 2019 and the lowest since 2013. In Yemen, the Office of the United Nations High Commissioner for Human Rights verified 977 civilian casualties caused by the conduct of hostilities, with 333 civilians killed and 644 injured. In the Syrian Arab Republic, it verified incidents in which at least 1,036 civilians were killed and 1,059 injured. Globally, civilian deaths and injuries from the use of explosive weapons reportedly decreased by 43 per cent in 2020 compared with 2019, possibly resulting from parties' shifting focus to the pandemic and related safety measures, as well as ceasefires in Libya and the Syrian Arab Republic.¹

7. The United Nations recorded 6,766 civilian casualties from mines, improvised explosive devices and explosive remnants of war, with the highest numbers in Afghanistan, the Syrian Arab Republic and Yemen. In Afghanistan, there was a 43 per cent increase in civilian deaths from non-suicide improvised explosive devices in 2020 compared with 2019. In Somalia, an average of 39 incidents involving improvised explosive devices were recorded each month in 2020.

8. In the Tigray region of Ethiopia, allegations of mass killings, sexual and gender-based violence, destruction and looting, abductions, forced displacement and forcible returns of refugees were of grave concern, as were reports of killings, mutilation, torture, rape and disappearance of civilians in northern Mozambique.

9. In the Central African Republic, Libya, Mozambique, Nigeria, the Syrian Arab Republic, Yemen and elsewhere, schools, places of worship, homes, hospitals, markets, airports, water and sanitation infrastructure and other civilian objects have been destroyed or damaged, with long-term repercussions in terms of civilians' access to food, water, health, education and other essentials, as well as their ability to engage in religious practices. In Afghanistan, attacks have damaged or destroyed houses, schools, community health centres and civilian infrastructure, including roads, bridges, telecommunications towers and an electrical grid. In the Democratic Republic of the Congo, 101 attacks on schools were documented. In Libya and Ukraine, fighting has damaged water infrastructure and hindered maintenance, leading to cuts and shortages. In the West Bank, the Israeli authorities demolished 847 Palestinian structures (homes, water, hygiene and sanitation assets and structures used for agriculture, including 156 structures donated as humanitarian aid), displacing 996 Palestinians and affecting the livelihoods of thousands. The vast majority of

¹ Action on Armed Violence, "Explosive Violence Monitor 2020", 2021; and Airwars, "Annual report 2020", March 2021.

demolitions were on the grounds of a lack of building permits, which, for Palestinians, are almost impossible to obtain.

Heavy toll of urban warfare

10. When explosive weapons were used in populated areas in 2020, a total of 88 per cent of those killed and injured were civilians, compared with 16 per cent in other areas. Some of the highest numbers of civilian casualties resulting from such use were in Afghanistan, Libya, the Syrian Arab Republic and Yemen.² More than 50 million people were affected by conflict in urban areas, where the use of explosive weapons, particularly those with wide-area effects, continues to expose civilians to a high risk of indiscriminate effects.

11. Many victims of explosive weapons face lifelong disabilities and grave psychological trauma. The use of those weapons in urban areas also takes a devastating toll on essential infrastructure and services, with water, electricity and sanitation infrastructure often damaged or destroyed. Health-care services are severely disrupted when medical personnel are killed or injured, ambulances unable to reach the wounded, hospitals damaged and water and electricity cut off because supply lines have been destroyed. Furthermore, a lack of water and sanitation exposes people to preventable diseases, hampers health-care provision and compounds the health and nutrition risks posed by waterborne diseases. Clean water is also essential for maintaining the hygiene standards required to prevent the spread of COVID-19.

12. A 2020 study in Yemen demonstrates how the use of heavy explosive weapons in populated areas has disrupted every resource and system in the country, from homes to transportation networks, water and sanitation systems, electricity and power grids, telecommunications systems, hospitals and other health facilities and public buildings.³ The absence of essential services has predictably crippled the country's ability to contain the COVID-19 pandemic. The destruction of homes and infrastructure and contamination from explosive remnants of war also impede the return of displaced persons and the recovery of communities.

13. Even in cases in which parties to conflict reaffirm that they only use explosive weapons in compliance with the law, the level of civilian harm caused is often devastating. The facts on the ground continue to underline the need for parties to avoid the use of explosive weapons with wide-area effects in populated areas and to reassess and adapt their choice of weapons and tactics to avoid these well-documented consequences for civilians. In this regard, it is critical to continue to support efforts to develop a political declaration in which States commit themselves to avoiding the use of explosive weapons with wide-area effects in populated areas and to developing operational policies on the basis of a presumption against such use.

14. The adoption and implementation of policy and operational guidelines for the protection of civilians are critical. In 2020, the North Atlantic Treaty Organization published *Protection of Civilians: Allied Command Operations Handbook*. The Joint Force of the Group of Five for the Sahel continued to implement its compliance framework to prevent civilian harm in the conduct of military operations, including counter-terrorism operations. It includes a casualty tracking mechanism, standard operating procedures, a training curriculum and minimum criteria for serving personnel. Good practice in casualty recording helps to clarify the fate of missing persons, provide information for parties to take all feasible precautions to avoid or at least minimize civilian harm, and facilitate accountability, recovery and reconciliation.

² Action on Armed Violence, "Explosive Violence Monitor 2020".

³ Humanity and Inclusion, "Death sentence to civilians: the long-term impact of explosive weapons in populated areas in Yemen", May 2020.

B. Human suffering and needs fuelled by conflict

Acute hunger driven by conflict

15. At the end of 2020, over 99 million people faced crisis or worse levels of acute food insecurity in 23 States, where conflict and insecurity played a major role in driving hunger, up from 77 million in 2019.

16. As the Security Council noted in its resolution [2417 \(2018\)](#), the impact of armed conflict on food security can be direct, resulting in forced displacement of civilians from agricultural land, livestock grazing areas and fishing grounds or the destruction of food stocks and agricultural assets. In Nigeria in 2020, an attack on a rice farm on the outskirts of Maiduguri killed at least 110 farmers. Security risks and related movement restrictions disrupted the production and supply of food, resulting in a sharp increase in prices. In the Central African Republic, the blocking of a main supply route by armed groups caused increased food prices and food insecurity. In Somalia, seven trucks transporting commercial commodities were reportedly burned, while restrictions on movement rendered the availability of essential food items extremely limited in some locations. In the Tigray region of Ethiopia, where conflict broke out in November 2020, people faced very critical malnutrition, while severe access constraints hampered humanitarian assistance.

17. The impact of armed conflict on food security is also indirect, with disruptions to food systems and markets leading to increased food prices, declining household purchasing power or decreased access to the supplies necessary for food preparation, including water and fuel. Where agriculture and trade are disrupted owing to armed conflict, a plate of food can cost more than a day's wages. In the Syrian Arab Republic, the price of basic food items soared by 236 per cent in 2020 and 12.4 million people – nearly 60 per cent of the population – were food-insecure. Another 1.3 million people – double the number recorded in 2019 – were in need of food assistance to survive. In Yemen, 16.2 million people faced crisis levels of hunger owing to conflict, a collapsed economy and currency, crippling food prices and the destruction of public infrastructure. In northern Mozambique, nearly 840,000 people faced severe hunger as the conflict and repeated displacement destroyed livelihoods and disrupted markets.

18. Conflict-induced food insecurity was exacerbated by disasters, economic shocks, climate change and public health crises, including the COVID-19 pandemic and its indirect effects. In Nigeria, food insecurity resulting from displacement, limited access to agricultural land and high food prices was exacerbated by flooding and the economic fallout from the spread of COVID-19.

19. In September 2020, the Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator reported to the Security Council on the risk of conflict-induced famine and widespread food insecurity in the Democratic Republic of the Congo, north-eastern Nigeria, South Sudan, Yemen and the Sahel and recommended measures to break the vicious cycle between conflict and food insecurity. Efforts by the United Nations to bring coordinated, high-level attention to famine prevention and mobilize support to the most affected countries have since intensified.

Natural environment: a “silent casualty” of armed conflict

20. Attacks that damage or destroy extractive mines, chemical plants and oil installations can result in the contamination of land, soil, air and water sources. In turn, this can imperil agriculture and drinking water, cause severe health problems, harm wildlife and biodiversity and contribute to climate change through the release of pollutants and greenhouse gases. In Iraq, air strikes destroyed agricultural land and

caused wildfires, including in areas with species at risk of extinction and rich biodiversity. Wildfires along front lines in the north-east of the Syrian Arab Republic have been correlated with media reports of shelling, at times causing secondary fires at oil facilities. In Nigeria, conflict reportedly led to forest fires, loss of wildlife, and land and air pollution.

21. The environment comes under additional stress when conflict drives mass displacement and unsustainable exploitation of natural resources, as well as when it erodes essential infrastructure and institutions that are intended to protect and restore the environment. In the northern Syrian Arab Republic, deteriorating infrastructure generated oil spills, polluting water needed for farming, health and basic hygiene. The deteriorating FSO *SAFER* oil tanker, located off the coast of Yemen, posed a serious risk of a spill of 1.1 million barrels of oil that would destroy ecosystems for decades, jeopardize the livelihoods of 28 million people, contaminate the food chain and force critical ports to close. As the Security Council underscored in its resolution [2564 \(2021\)](#), access for United Nations experts to conduct an assessment and repair mission must be facilitated without further delay.

22. In 2020, the International Committee of the Red Cross (ICRC) released its updated Guidelines on the Protection of the Natural Environment in Armed Conflict. They set out existing international humanitarian law rules on the protection of the natural environment and contain recommendations on specific measures to enhance respect for international humanitarian law and reduce the environmental impact of armed conflict.

Continued displacement

23. Despite the movement restrictions and border closures related to the COVID-19 pandemic, conflict and violence continued to drive people from their homes, with more than 79.5 million people forcibly displaced by mid-2020, compared with 79.4 million in mid-2019. The majority, 45.7 million people, were internally displaced persons, while 30.6 million were refugees and asylum seekers.⁴ Most of those displaced were women and children, who often face heightened risks, including attacks, gender-based violence, obstacles in their search for safety, family separation, discrimination and difficulty in gaining access to basic services.

24. In the first half of 2020, conflict and violence resulted in new internal displacements of an estimated 668,000 people in the Democratic Republic of the Congo and 588,000 in the Syrian Arab Republic following renewed fighting in and around Idlib Governorate. The combination of conflict and climate change, compounded by the COVID-19 pandemic, drove the displacement of 2 million people across the Sahel in the first half of 2020, a 43 per cent increase since the end of 2019. Elsewhere in Africa, the number of internally displaced persons increased significantly, including in Cameroon, Ethiopia and Mozambique. Meanwhile, conflict, the pandemic and other obstacles resulted in a 72 per cent drop in the number of returns of internally displaced persons globally during the first half of 2020 compared with the same period in 2019. This is the lowest number of returns of internally displaced persons recorded in at least five years.⁵

25. The pandemic exacerbated stigmatization and discrimination against internally displaced persons and refugees, as well as difficulties in gaining access to livelihoods, housing, social support and essential services. In combination with the global economic downturn, the situation weakened coping mechanisms and increased vulnerability to poverty, food insecurity and health problems.

⁴ Office of the United Nations High Commissioner for Refugees, "Mid-year trends 2020", 2020.

⁵ Ibid.

26. School closures had a detrimental effect on millions of displaced children, increasing the risk of child marriage, adolescent pregnancies, sexual exploitation and abuse and recruitment into armed groups. Since the outbreak of COVID-19, violence against women and girls, particularly domestic violence, has intensified. According to a survey of more than 850 refugee and internally displaced women across 15 countries in sub-Saharan Africa, 73 per cent reported an increase in domestic violence, 51 per cent reported sexual violence and 32 per cent saw an increase in early and forced marriage.⁶

27. National policy frameworks that build upon good practices and establish institutional authorities and responsibilities for the protection of civilians in the conduct of hostilities can play an important part in preventing and minimizing forced displacements during hostilities. While more than 40 countries have adopted laws, policies and strategies on internal displacement, implementation remains a challenge. The High-level Panel on Internal Displacement started its work in February 2020 to galvanize new approaches and momentum to address internal displacement and mobilize authorities' provision of protection, assistance and solutions for internally displaced persons. It will report its conclusions in September 2021.

C. Exacerbated vulnerabilities

Children

28. Tens of thousands of children continued to be killed, maimed, subjected to sexual violence, abducted, recruited and/or used to participate in hostilities (see [S/2021/437](#)). The highest incidence of these acts was in Afghanistan, the Democratic Republic of the Congo, Somalia, the Syrian Arab Republic and Yemen.

29. Children comprised one quarter of civilian casualties from mines, improvised explosive devices and explosive remnants of war. In eastern Ukraine, over 250,000 children living near the contact line regularly experienced shelling and exposure to landmines and explosive remnants of war. In many conflicts, a large majority of child survivors of explosive ordnance incidents experienced lifelong impairments, such as amputation, paralysis, loss of vision or loss of hearing, and were likely to experience educational hurdles and social exclusion. In Afghanistan, attacks on schools and the fear of violence kept children from attending school, with 62 verified attacks in 2020.

30. The COVID-19 pandemic and the measures that were adopted to contain it disrupted children's access to education, health care and social services. School closures exposed children to an increased risk of abduction, sexual violence and recruitment and use in hostilities.

31. In Iraq, more than 1,000 children were deprived of their liberty on national security-related charges, including alleged association with Islamic State in Iraq and the Levant. In the north-eastern Syrian Arab Republic, 94 per cent of the 61,800 people in the Hawl camp were women and children, and 53 per cent were children under the age of 12 years. They have been exposed to violence, exploitation, abuse and deprivation of essentials. Children associated or allegedly associated with armed groups should be treated primarily as victims and not be detained except as a last resort. Authorities must adopt protective measures that take children's best interest and specific needs into consideration and ensure that they are not separated from their family members.

⁶ International Rescue Committee, "What happened? How the humanitarian response to COVID-19 failed to protect women and girls", October 2020.

Foreign fighters and their family members

32. Counter-terrorism measures must comply with international law. The treatment of persons with suspected links to armed groups designated as “terrorist” remains deeply concerning. Such individuals are not beyond the protection of the law and remain entitled to humane treatment and other protection afforded under international law, in particular international human rights law, international humanitarian law and international refugee law, including fair trial guarantees where they face judicial proceedings for the alleged commission of crimes. In the Hawl and Rawj camps in the north-east of the Syrian Arab Republic, the situation was increasingly untenable. There is an urgent need to implement a range of human rights-based, gender-responsive and age-responsive measures, including political engagement, protection, voluntary repatriation, prosecution where appropriate, rehabilitation and reintegration, while ensuring access to medical and psychological expertise and support services.

Survivors of sexual violence

33. Conflict-related sexual violence against women, men, girls and boys persisted as an act of torture, a tactic of terrorism and a tool of political repression, displacement and dehumanization (see [S/2021/312](#)). Women and girls continued to account for the vast majority of recorded victims in a range of situations, including in detention, while they fled, in displacement settings and in the context of military operations. Efforts to ensure accountability for sexual violence continued, but the pandemic slowed the pace of judicial proceedings in many countries facing conflict. Strengthening the capacity of national rule of law institutions is critical to advancing accountability and preventing such crimes.

Persons with disabilities

34. While persons with disabilities represent 15 per cent of the world’s population, the figure is likely to be higher in armed conflict settings. They often face difficulties fleeing violence and a higher risk of injury and death. Women and girls with disabilities experience higher rates of sexual violence. In Yemen, at least 4.6 million people live with a disability. They face difficulties fleeing violence and at times have been left behind by family members because of sudden attacks and logistical challenges. In eastern Ukraine, there is a higher proportion of persons with disabilities near the contact line than in the country as a whole, with disability preventing many from leaving the area. They confront even greater barriers in gaining access to health care and other social services, food, employment and education. The COVID-19 pandemic has intensified restrictions on access to already fragile health services, with hospitals prioritizing COVID-19 cases and many rehabilitation services being deferred.

Journalists

35. According to the United Nations Educational, Scientific and Cultural Organization, 35 per cent of all recorded killings of journalists in 2020 occurred in situations of armed conflict. Twenty-two journalists were killed in Afghanistan, Cameroon, Iraq, Nigeria, Somalia, the Syrian Arab Republic and Yemen. At least 10 of those deaths had a direct connection to armed conflict, whether resulting from direct attacks or as incidental harm.

Missing persons

36. In 2020, ICRC registered over 18,000 new cases of missing persons. At the end of 2020, the organization was handling more than 151,000 tracing requests, the majority of which were related to armed conflict.

37. Following the discovery of mass graves in Tarhunah, Libya, in June 2020, the Ministry of Justice established a committee on mass graves, which received support from the United Nations Support Mission in Libya to carry out an investigation, identify victims and bring perpetrators of crimes to justice. More countries, including Lebanon, South Sudan and Ukraine, created mechanisms to address cases of missing persons and the needs of their families. In 2020, the Tripartite Commission identified 20 cases of missing persons from the 1990–1991 Gulf War.

38. Swift action, including to maintain and restore family links and ensure the adequate and dignified management of the dead, is critical to preventing people from going missing and providing answers to families. This requires robust institutional and legal frameworks that are in line with international law and work to identify and address any technical gaps, as outlined in resolution [2474 \(2019\)](#).

D. Ongoing efforts to provide assistance, protect civilians and seek accountability

Challenges faced by humanitarian actors in the context of the pandemic

39. Humanitarian access constraints predating the pandemic posed the main challenge throughout 2020. In Afghanistan, Myanmar, the Syrian Arab Republic, Yemen, the Occupied Palestinian Territory and elsewhere, hostilities, insecurity, sanctions, counter-terrorism measures and administrative hurdles undermined humanitarian operations. In Myanmar, the Syrian Arab Republic and Yemen, among other places, visa and work permit restrictions and other bureaucratic impediments prevented thousands of humanitarian workers from deploying. In Yemen, 19 million people were estimated to live in areas that were difficult to reach for multiple reasons, including restrictions of movement into and within the country and bureaucratic impediments consisting of lengthy visa, residency and project approval processes, travel permit delays and denials, and delays and blockages at checkpoints. In Mozambique, delays in granting visas for humanitarian personnel and lengthy clearance procedures to import emergency supplies hampered humanitarian actors' capacity to scale up activities in Cabo Delgado. In Libya, bureaucratic constraints affected the issuance of visas for humanitarian personnel and the import of supplies. In Burkina Faso, the Central African Republic, Chad, Colombia, Ethiopia, Somalia and other places, hostilities continued to hinder humanitarian activities.

40. Access challenges were often exacerbated by COVID-19. Pandemic-related flight suspensions, border closures, quarantine measures, lockdowns and curfews significantly hampered humanitarian actors' movements into and within countries. This engendered delays, additional operating costs and partial suspensions of humanitarian activities. The pandemic also hampered access to humanitarian aid, protection and social services. In Ukraine, pandemic-related restrictions on humanitarian cargo led organizations to significantly reduce the number of convoys into non-government-controlled areas of Donetsk. In the Philippines, quarantine protocols and movement restrictions severely limited humanitarian access. In Iraq, the Government's suspension of access authorizations for humanitarian non-governmental organizations, combined with isolation measures, curfews and movement restrictions to prevent the spread of COVID-19, severely limited the ability of humanitarian actors to gain access to project sites or move critical supplies to deliver assistance.

41. To overcome pandemic-related restrictions, national and local authorities in Colombia, Iraq, Nigeria, the Syrian Arab Republic and elsewhere adopted facilitation measures for humanitarian staff, assets and supplies. Measures included official letters, badges and recognition as essential workers in national decrees and laws. In the Sudan, for example, the Government adopted a flexible approach in granting

non-governmental organizations grace periods for renewing their registration and in considering expired visas, work and stay permits and technical agreements still to be valid. Humanitarian actors also adapted by resorting to airlifts, modified distribution modalities and increased reliance on local humanitarian workers.

42. The pandemic generated an increase in anti-foreigner sentiment manifested through the harassment and intimidation of humanitarian personnel. In the Central African Republic, disinformation against humanitarian actors led to threats and violence in Bangui.

43. In 2020, at least 169 security incidents against humanitarian workers were recorded in 19 States affected by conflict. National staff accounted for more than 92 per cent of those affected. Incidents included shootings, improvised explosive device detonations, bodily and sexual assault, kidnapping, principally in the course of ambushes, combat and crossfire, and raids. They resulted in the death of 99 humanitarian workers (in comparison with 112 killed in 21 States in 2019).⁷ In the Democratic Republic of the Congo, 10 humanitarian workers lost their lives, 19 were injured and 42 abducted. In Mali, humanitarian actors faced armed robbery, carjacking, abduction and physical violence. In Somalia, 15 humanitarian workers were killed, 12 injured and 24 abducted.

44. The adverse impact of counter-terrorism and sanctions measures on impartial humanitarian organizations and their activities in armed conflict settings remains a matter of concern. In some countries, transactions and activities carried out during humanitarian operations continue to be prohibited and criminalized. Conditions in humanitarian donor agreements that are aimed at promoting compliance with counter-terrorism and sanctions measures can also prevent humanitarian actors from operating with independence, neutrality and impartiality.

45. In its resolutions 2462 (2019) and 2482 (2019), the Security Council requested Member States to ensure that counter-terrorism measures complied with their obligations under international humanitarian law and took into account their potential effects on humanitarian activities. National legislation in several countries – recently in Chad and Switzerland – has excluded impartial humanitarian activities from the application of counter-terrorism measures under criminal law. The Council and Member States are encouraged to consistently exclude impartial humanitarian activities from the scope of counter-terrorism and sanctions measures.

Protection of civilians through peacekeeping and special political missions

46. Empirical research consistently demonstrates that, where there are United Nations peacekeepers, conflict is contained and there is less violence against civilians. In 2020, circumstances exacerbated risks of violence against civilians in peacekeeping contexts, such as deepening communal tensions in Mali and elections in the Central African Republic. Despite facing operational constraints imposed by the spread of COVID-19 and associated mitigating measures, peacekeeping operations continued to deliver on their mandates to protect civilians. Efforts to adapt protection activities, such as human rights monitoring and reporting, community engagement, patrolling and capacity-building to ensure that they do no harm, continued. The disproportionate impact of the pandemic on women and girls emphasized the need for gendered protection analysis and response. In particular, as peacekeeping operations continued to strengthen early warning systems rooted in safe and effective engagement with communities at risk of violence, they ensured that early warning included sexual violence indicators. Peacekeeping operations will

⁷ United States Agency for International Development, Aid Worker Security database, 2020. Available at <https://aidworkersecurity.org/>.

continue to strengthen unarmed approaches to protection, such as support for local and traditional conflict resolution mechanisms, human rights monitoring, community-oriented policing, community violence reduction programmes and training of civil society.

47. Special political missions also played an important role in the protection of civilians, including through political engagement to prevent and resolve conflict, advance human rights and the rule of law and support the delivery of humanitarian assistance. As a priority, both peacekeeping operations and special political missions continued to support the primary responsibility of host States to protect populations on their territory, for example with the redesignation of the United Nations Mission in South Sudan protection of civilians sites to internally displaced persons sites secured by the Government of South Sudan and the development of a national strategy to protect civilians in the Sudan (see [S/2020/429](#)), which will be supported by the United Nations Integrated Transition Assistance Mission in the Sudan.

48. Increased attention will continue to be paid to the protection of civilians during transitions of the United Nations presence. Transition planning begins with the inception of a United Nations mission, including by setting clear benchmarks for the mission's success and exit, and is informed by meaningful consultations with host States, civil society and affected communities. Thus, analysis of continuing risks of violence against civilians and consideration of what resources will be brought to bear on situations in the absence of a peacekeeping operation are indispensable to inform decisions by the Security Council to reconfigure, draw down or close peacekeeping operations. The United Nations system is working to develop good practices so that protection knowledge and capacity are sustained.

Need to strengthen measures on sexual exploitation and abuse

49. The United Nations system strengthened accountability measures relating to sexual exploitation and abuse, as well as reporting and complaint mechanisms, and focused on putting the rights and dignity of victims at the centre of efforts. United Nations officials have an obligation to report any allegation that comes to their attention. However, challenges remained as a result of the lack of dedicated services for victims and large gaps in the availability of services. The creation of a network of victims' rights advocates across the peacekeeping, humanitarian and development sectors would ensure a victim-centred approach (see [A/74/705](#)).

Need for systematic and universal accountability for international crimes

50. Ensuring accountability for serious violations of international humanitarian law and international human rights law is one of the greatest challenges faced in strengthening the protection of civilians. While allegations of serious violations of international humanitarian law and international human rights law are occurring at a faster rate than their investigation and prosecution, national and international efforts to pursue accountability and provide essential support services for victims and survivors should remain a priority.

51. In 2020, nine members of a non-State armed group were brought before the Special Criminal Court in the Central African Republic for allegedly committing widespread and systematic attacks against civilians. In South Sudan, a district court martial convicted 26 members of the South Sudan People's Defence Forces of murder, rape and looting. Seventy-five years after the start of the Nuremberg trials, German courts continued to prosecute and convict persons for their roles in Nazi war crimes. In Colombia, magistrates of the Special Jurisdiction for Peace issued their first indictment against eight leaders of the Fuerzas Armadas Revolucionarias de Colombia-Ejército del Pueblo for war crimes and crimes against humanity. In

Australia, a four-year inquiry into the commission of war crimes by members of the Australian Defence Force in Afghanistan recommended the criminal investigation of 19 soldiers involved in the killing of 39 people.

52. The work of the International Criminal Court also continued, including with the surrender in 2020 of Ali Muhammad Ali Abd-Al-Rahman in connection with war crimes and crimes against humanity allegedly committed in Darfur. In an important step, all parties to the 2020 Juba Agreement for Peace in the Sudan agreed to cooperate with the Court in relation to persons for whom arrest warrants have been issued. The independence of the Court and its ability to operate without interference must be guaranteed.

III. Medical care still in peril five years after adoption of resolution 2286 (2016)

53. It was in response to its deep concern about violence, attacks and threats against medical care in armed conflict that the Security Council adopted resolution 2286 (2016). The Council demanded that all parties to armed conflicts fully comply with their obligations under international humanitarian law, urged States and all parties to develop effective measures to prevent and address acts of violence against, inter alia, medical personnel, and urged States to ensure accountability for violations of international humanitarian law. Soon after the resolution was adopted, the Secretary-General outlined practical measures that all States and parties to armed conflict should implement in that regard (see S/2016/722).

54. Five years later, medical personnel, transports and facilities continue to come under attack. Medical personnel are threatened, abducted and killed, facilities and transports are destroyed or damaged, the wounded and sick are denied access to care, and force is used to interfere with health care and obstruct access. That has catastrophic long-term consequences as health services are interrupted, facilities close and workers flee, depriving communities of medical services.

55. The COVID-19 pandemic continues to have a devastating impact on conflict-affected countries and overwhelm health-care systems, many of which are already weak. In Afghanistan, Libya and Yemen, among others, the ability to control the spread of the virus, care for infected people and sustain essential health services for the general population has been severely constrained.

A. Persistence of violence, threats and attacks

56. According to data recorded in 22 countries affected by armed conflict, 182 health-care workers were killed in 2020 (compared with 160 in 18 States in 2019 and 137 in 17 States in 2018), with the highest numbers in Burkina Faso, the Democratic Republic of the Congo, Somalia and the Syrian Arab Republic. Eighty-six health-care workers were kidnapped and 165 injured.⁸ The World Health Organization has also recorded assaults, violent searches, threats of violence and intimidation, arrests and detention of health personnel.⁹ In connection with both conflict and the COVID-19 pandemic, 36 incidents of threats and violence against health-care personnel were recorded, in which 3 health workers were killed, 3 were kidnapped, 20 were

⁸ Insecurity Insight, “Aid in danger”, 21 October–3 November 2020; Insecurity Insight, “Aid in danger”, March 2019; and Insecurity Insight, “Education in danger”, December 2018.

⁹ World Health Organization (WHO), Surveillance System for Attacks on Health Care database, 2020. Available at <https://extranet.who.int/ssa/Index.aspx>.

threatened and 1 was assaulted. Those incidents were most prevalent in Myanmar, Yemen and Libya.¹⁰

57. In May 2020, an attack on the maternity ward of the Sad Bistar Hospital in Kabul killed 23 civilians, including 19 women and 3 children, and injured many more. In the north-west of the Syrian Arab Republic, 81 per cent of surveyed health-care workers reported a co-worker or patient being injured or killed in an attack on a health-care facility.¹¹ In Burkina Faso, ambulances were burned, health workers killed and health facilities looted. In Mali, equipment and medicine were destroyed or looted, vehicles hijacked and personnel threatened and/or abducted. In Colombia, the Ministry of Health and Social Protection recorded 325 incidents affecting the medical mission, a 49 per cent increase since 2019. Thirty-two per cent of those incidents were connected to armed conflict. In Afghanistan, an armed group threatened and abducted medical personnel to coerce them to hand over medicines and facilities, pay special taxes or relocate their services.

58. Between February and December 2020, ICRC reported nearly 850 incidents of violence, harassment or stigmatization against health-care workers, patients and medical vehicles and infrastructure in relation to COVID-19. This occurred across 42 States, of which a number are affected by armed conflict.

59. The criminalization of impartial medical care provided to members of armed groups designated as terrorist and to populations under their control has led to the detention, prosecution and imprisonment of medical personnel because of their perceived association with and facilitation of terrorism.

60. The highest numbers of incidents of damage to health-care infrastructure were reported in the Syrian Arab Republic, Yemen and Libya, while the highest numbers of incidents of destruction of health-care infrastructure were reported in Mozambique and Yemen.¹² In the north-west of the Syrian Arab Republic, 78 per cent of surveyed health-care workers had witnessed at least one attack on a health-care facility, with some witnessing up to 20.¹³ The removal of health-care assets, violent searches of facilities and transports, the obstruction of health care and the militarization of health-care assets were also recorded in States affected by conflict.¹⁴

61. Attacks have also affected the COVID-19 response. In Libya, a plane carrying COVID-19-related equipment was shot down, and air strikes and shelling damaged hospitals treating patients. On four separate occasions from 6 to 10 April 2020, rockets struck the Khadra Hospital in Tripoli, which was assigned to receive patients with COVID-19. In Yemen, quarantine centres were damaged in hostilities.¹⁵

62. Since the pandemic began, there has been a troubling rise in cyberattacks against health-care facilities. In particular in situations of conflict, the disruption of critical civilian infrastructure, such as medical facilities, can have devastating effects for civilians in the immediate and longer terms. Further reflection is needed to identify ways of reducing the potential human cost of cyberoperations during conflict and to work towards consensus on the interpretation of international humanitarian law as it applies to them.

¹⁰ Insecurity Insight, "Aid in danger", 2020.

¹¹ International Rescue Committee, "A decade of destruction: attacks on health care in Syria", 3 March 2021.

¹² Insecurity Insight, "Aid in danger", 2020.

¹³ International Rescue Committee, "A decade of destruction".

¹⁴ World Health Organization, Surveillance System for Attacks on Health Care database, 2020.

¹⁵ Insecurity Insight, "Aid in danger", 2020.

B. Devastating consequences for health-care access

63. Violence, attacks and threats against medical care gravely weaken the ability of health systems to function. Medical professionals have fled their posts in multiple areas of Cabo Delgado, Mozambique, leaving thousands without access to health care. In the Syrian Arab Republic, at the end of June 2020, 50 per cent of 113 assessed hospitals were fully functioning, 26 per cent partially functioning and 24 per cent non-functioning.¹⁶ In March 2020, up to 70 per cent of the health workforce had left the country. In the north-west, 24 per cent of the civilians surveyed reported being unable to receive medical treatment because of an attack on a health-care facility, and 49 per cent said that they were afraid to access medical care out of fear of an attack.¹⁷

64. In the Tigray region of Ethiopia, only 6 of the 14 general hospitals and 7 of the 24 primary hospitals were fully functional. Of the more than 260 health centres in the region, only 31 were fully functional and 7 partially functional. In Libya, more than half of the health-care facilities that functioned in 2019 have closed, largely because of security threats. The facilities that remain open face acute shortages of staff, medicines and supplies. In Burkina Faso, attacks on health services have caused the partial or total closure of health facilities, depriving nearly 1.2 million people of access to health care. Thirty per cent of the 95 closed facilities have stopped operating because of direct attacks against them. In Mozambique, fighting has damaged or destroyed 36 per cent of health facilities in Cabo Delgado, leaving the hardest-hit districts with no functional health facilities. This has reduced capacity to detect and respond to disease outbreaks, including cholera, measles and COVID-19, and to provide critical care, including sexual and reproductive health care, immunization, access to antiretrovirals and tuberculosis treatment. In Afghanistan, the World Health Organization estimates that up to 3 million people were deprived of essential health services in 2020 owing to the closure of health facilities, often in the most vulnerable and conflict-affected areas. In north-eastern Nigeria, of 2,631 health facilities, 23 per cent were either damaged or non-functional, while 11.4 per cent were only partially functional.

C. Urgent measures needed to ensure that vaccines against the coronavirus disease are available to those affected by conflict

65. More than 160 million people live in fragile and conflict-affected areas, of whom an estimated 60 million live in areas outside government control.¹⁸ They are at risk of being excluded from COVID-19 vaccinations. Recognizing that those affected by conflict and insecurity are particularly at risk of being left behind, the Security Council, in its resolution [2565 \(2021\)](#), called for COVID-19 national vaccination plans to encompass, among others, the most vulnerable, including refugees, internally displaced persons, migrants, persons with disabilities, detained persons and those living in areas under the control of non-State armed groups.

66. The Security Council also demanded that all parties to armed conflicts engage immediately in a durable, extensive and sustained humanitarian pause to facilitate, inter alia, the equitable, safe and unhindered delivery and distribution of COVID-19 vaccinations in areas of armed conflict. Protecting medical personnel and

¹⁶ WHO, “WHO emergency appeal: Syrian Arab Republic”, March 2021.

¹⁷ International Rescue Committee, “A decade of destruction”.

¹⁸ International Committee of the Red Cross (ICRC), “A statement from Robert Mardini, ICRC Director General, on the calls for a ceasefire to vaccinate people against COVID-19”, 17 February 2021.

infrastructure is essential to ensure large-scale vaccine distribution. Vaccine equity is the greatest moral test before the global community.

D. Need for States and parties to conflict to expand good practices

67. As the facts on the ground demonstrate, many parties to conflict have flouted their obligations under international humanitarian law and failed to protect medical care. Nevertheless, some States and armed groups have developed and implemented good practices. Such practices must be expanded in order to ensure that the wounded and sick receive the care that they need and that the medical personnel, facilities and transport that they rely on are protected.

68. In November 2020, the Government of Switzerland organized an expert meeting on international humanitarian law and practices in performing medical activities in armed conflict. With close to 100 countries represented, experts discussed laws, policies and other good practices to address challenges in three scenarios: protecting medical personnel from violence by civilians; managing the presence of weapons in medical transports and facilities; and ensuring medical care and confidentiality when reporting on gunshot wounds under national legislation. Good practices included public awareness-raising to reduce violence against medical personnel and promote their protection; training and guidelines to help armed forces and health personnel to de-escalate, manage and respond to violence against medical personnel; no-weapon policies in medical facilities and transports; national legislation criminalizing violence against medical personnel; and standard operating procedures to clarify arrangements for the collection and management of weapons removed from the wounded and sick in medical transports and facilities.

69. In some countries, State armed forces have adopted measures to protect medical care, for example by ensuring that potential military objectives are placed away from medical facilities; factoring in the location of medical facilities when establishing defence and attack zones and movements of troops and materiel; refraining from using medical objects to support the military effort; taking precautions, including warnings; separating evacuation routes and areas from those intended for armed forces; ensuring that rules of engagement are in line with international humanitarian law; and ensuring the presence of a legal adviser to counsel the chain of command.

70. In Nigeria, doctors were being questioned and arrested for treating gunshot victims, or instead waiting for police clearance before providing treatment, until the advocacy efforts of a working group of health-care professionals led to the adoption of the Compulsory Treatment and Care for Victims of Gunshots Act. The Act safeguards the primacy of medical duties over police notification, allowing doctors to treat gunshot victims before notifying the police and clarifying that they do not need police permission to do so.

71. In the United States of America, a recent amendment to the National Defense Authorization Act requires the Secretary of Defense to report on action taken to review compliance of all relevant Department of Defense “orders, rules of engagement, directives, regulations, policies, practices and procedures, with the principles related to the protection of medical care provided by impartial humanitarian organizations during armed conflicts”. It also requires the Secretary to continue to ensure that those and other guidance, training or standard operating procedures relating to the protection of health care in conflict are consistent with those principles.

72. Two non-State armed groups – in the Democratic Republic of the Congo and the Syrian Arab Republic – have signed Geneva Call’s Deed of Commitment for the protection of health care in armed conflict. In Iraq, the Syrian Arab Republic and

Yemen, armed groups have signed unilateral declarations to protect health care in the context of the pandemic, including by respecting and protecting health-care personnel, transports, facilities and goods, taking preventive measures to avoid the spread of COVID-19, ensuring, maintaining and providing access for affected populations to essential health-care facilities, goods and services without discrimination, and facilitating the provision of health care by impartial humanitarian organizations. Principled, sustained and strategic humanitarian engagement with non-State armed groups is vital for strengthening the protection of medical care.

73. Extensive consultations with State armed forces and international organizations with a military component have revealed practical ways to better protect medical workers and equipment and safeguard access to care in armed conflict.¹⁹ These include:

(a) Civil-military coordination to share public health information and allow armed forces to understand the operating environment and meet the health-care needs of civilians;

(b) Rules of engagement that take into account the protection of civilian health-care personnel and facilities;

(c) Precautions to minimize the impact on the provision of health care of attacks on military objectives in the vicinity of medical facilities or on medical facilities that have lost protection;

(d) Measures to minimize the negative effects of stopping and searching vehicles transporting the wounded and sick at checkpoints;

(e) Measures to minimize the effects of military operations inside medical facilities, such as interrogating and searching patients, visitors and medical personnel or arresting or detaining people.

74. While the onus to prosecute war crimes is on States, Médecins sans frontières has adopted professional standards and tools for internal reviews of serious incidents against patients, personnel and facilities. Such reviews can equip an organization to respond to public reactions, improve its understanding of security conditions and refine its engagement with parties to armed conflict.

IV. Recommendations

75. Drawing on measures developed by Member States, parties to conflict and humanitarian organizations and on recommendations following the adoption of resolution 2286 (2016), I urge all Member States, and non-State armed groups as appropriate, to adopt and share good practices to enhance the protection of medical care in armed conflict. The following measures merit particular attention, noting that they equally apply to strengthening the protection of civilians more generally:

(a) Ratifying or acceding to relevant treaties and advocating their universalization; considering that the most prevalent type of armed conflict today is non-international, becoming a party to the Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II), is of particular importance for ensuring medical care for all wounded and sick persons without distinction on any grounds except medical grounds; the protection of medical personnel, units and

¹⁹ ICRC, *Protecting Health Care: Guidance for the Armed Forces* (Geneva, 2020).

transports; and the non-punishment of any person carrying out medical activities compatible with medical ethics, regardless of the person benefiting therefrom;

(b) Ensuring that all impartial humanitarian and medical activities are excluded from the scope of application of counter-terrorism and sanctions measures;

(c) Adopting, reviewing, revising and implementing military policy and practice at the strategic, operational and tactical levels throughout military operations in order to ensure the protection of medical care. That should include avoiding the use of explosive weapons with wide-area effects in populated areas, strengthening the identification of medical facilities and transports and regularly updating “no-strike” lists that include medical facilities. Such measures should be factored into operational planning and all decisions on attacks;

(d) Establishing capabilities to track, analyse, respond to and learn from allegations of harm to medical personnel, facilities and transports, as well as civilians and civilian objects more generally, and ensuring that battle damage assessments routinely examine the impact of attacks on them;

(e) Establishing standard operating procedures for post-incident management, including preserving evidence, fact-finding and reporting;

(f) Strengthening and enhancing support for systematic, sex- and age-disaggregated data collection, verification, analysis and reporting on violence, attacks and threats against medical care in order to ensure that the Security Council, Member States, other stakeholders and the public have a clear picture of patterns and can adequately address them.

76. To further draw on good practices to strengthen the protection of civilians, I also urge all Member States, and non-State armed groups as appropriate:

(a) To incorporate their international humanitarian law treaty obligations into national laws and review them in order to strengthen relevant provisions; incorporate international humanitarian law into military manuals, rules of engagement and training materials for armed forces; and carry out international humanitarian law training of armed forces and other relevant personnel;

(b) To take measures to break the cycle between conflict and food insecurity, including by finding political solutions to conflict, ensuring that parties to conflict respect international humanitarian law, countering the economic crises and deprivation that fuel and flow from armed conflict and related violence, scaling up support for humanitarian operations and supporting an integrated response to address the multiple drivers of acute food insecurity;

(c) To use influence to ensure respect for international law and the protection of civilians, including through political dialogue, sanctions, training and dissemination, and withholding arms transfers where there is a clear risk that the arms will be used to commit serious violations of international humanitarian law or international human rights law;

(d) To ensure that administrative procedures are in place to investigate the behaviour of armed forces and impose disciplinary and penal measures; carry out effective investigations into alleged war crimes, prosecuting perpetrators and ensuring reparations for victims, bearing in mind that accountability for serious violations must be systematic and universal, and requires strengthening States’ political will, capacity and resources to investigate and prosecute them;

(e) To ensure that there is an equitable and fair distribution of COVID-19 vaccines to all, including those most affected by armed conflict.

V. Conclusion

77. The toll of armed conflicts continues to be of grave concern. As the Security Council has recognized, suffering is exacerbated when conflict and a global pandemic overlap. Weak health-care systems are overwhelmed and poverty, food insecurity and gender inequalities are deepened. To bring hope to the most vulnerable, I reiterate my call for a global ceasefire everywhere, now. Where conflict endures, the proper application of international humanitarian law and international human rights law would contribute to the prevention and alleviation of human suffering, including from COVID-19. Over the years, dozens of practical measures have been developed and shared to respect and ensure respect for those norms and strengthen the protection of civilians. What is needed urgently now from all Member States and all parties to armed conflict is the political will to respect the rules and implement good practices.
