Centre
EXPERTS ON INTERNATIONAL HUMANITARIAN LAW

INCLUSIVE IHL: CLOSING THE GAPS IN HUMANITARIAN PROTECTION

Thank Yous – Echo And Sida Experts,
Karin, Marina, Elvina, Christopher

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The IHL Centre is a leading, independent group of legal experts in international humanitarian law. For over 20 years, in over 20 conflict contexts globally, we've been a leading, independent hub of IHL expertise, working in strategic partnership with key humanitarian and academic institutions worldwide.

We combine expert legal advice, innovative training, strategic humanitarian advocacy and diplomacy, and capacity development support for the humanitarian and diplomatic legal ecosystem. Our free IHL advisory service delivers rapid, specialist legal support to humanitarian actors, governments, civil society, media, and affected communities. Alongside this, we provide in-depth IHL training and briefings, humanitarian advocacy and monitoring tools like the Stockholm Manual, and publish legal analysis promoting the inclusive application of IHL worldwide.

We extend our heartfelt thanks to the members of the Inclusion Expert Network — **Tobias Freeman, Claudia Mahler, Cornelius N. Nagbe, Catherine O'Rourke, Mikiko Otani, William Pons, Samuel Ritholtz, Pishko Shamsi, and Hamsa Vijayaraghavan** — for their invaluable insights and contributions to this report. Their expertise and commitment to advancing inclusive approaches in international humanitarian law have greatly enriched this work.

Our sincere appreciation also goes to **Karin Klöfver Ståhl** and **Leticia Heinzmann** for their research support. We further thank **Marina Mattirolo, Stephen Wilkinson, Sofia Poulopoulo, Matias Thomsen, Emilie Fitzsimons,** and **Elvina Pothelet** for their thoughtful and constructive comments on earlier drafts.

Finally, we would like to express our profound gratitude to the European Union (ECHO) and Sida, who funded this initiative, as well as to the many humanitarian organisations who generously gave their time and input throughout its development. All mistakes or limitations of the Manual remain solely the responsibility of the author, Alice Priddy.

Glossary

Armed conflict

Refers to a situation in which there is armed violence between States, or between a State and one or more non-State armed groups, or between such groups within a State. International humanitarian law (IHL) distinguishes between two categories of armed conflict:

- **International armed conflict (IAC):** occurs between two or more States; and
- **Non-international armed conflict (NIAC):** occurs between governmental forces and non-State armed groups, or between such groups within a State, when hostilities reach a sufficient level of intensity and the parties are sufficiently organized.

The classification of a situation as an armed conflict is based on factual conditions — not political declarations — and determines the application of IHL, including the Geneva Conventions and customary humanitarian law.

Arms bearers

In this report, the term **arms bearers** is used to encompass all State and non-State military branches, including those not directly involved in hostilities. These actors have a continuing duty to uphold IHL, including the obligation under Common Article 1 of the Geneva Conventions, by ensuring that their military doctrine, codes of conduct, rules of engagement, training, and monitoring mechanisms reflect their IHL responsibilities.

Children

As per the Convention on the Rights of the Child, IHL and the Rome Statute, children are defined as those aged 18 and under.

Gender

Refers to the socially constructed roles, behaviours, expressions, and attributes that a society considers appropriate for women, men, girls, boys, and people of diverse gender identities. Gender influences how individuals perceive themselves and each other, how they act and interact, and how power and resources are distributed in society. Gender is distinct from biological sex and is fluid across time, cultures and contexts.

Intersectionality (in international humanitarian law)

Intersectionality is a framework for analysing how multiple and overlapping aspects of an individual's identity—such as gender, age, disability —shape their distinct experiences of armed conflict. Applying an intersectional lens helps ensure that the evaluation of civilian harm and the design of protective measures account for the diverse and compounded impacts of hostilities on different groups, rather than treating identity factors in isolation.

International humanitarian law (IHL)

Also known as the law of armed conflict or the law of war, IHL is the body of international law that regulates the conduct of parties during armed conflict. Its primary purpose is to limit the effects of armed conflict for humanitarian reasons, by protecting persons who are not, or are no longer, participating in hostilities and by restricting the means and methods of warfare. IHL applies only in situations of armed conflict — both international and non-international — and is distinct from, though complementary to, international human rights law.

LGBTQI+ persons

An acronym referring to lesbian, gay, bisexual, transgender, queer (or questioning), and intersex persons, with the "+" acknowledging the diversity of sexual orientations, gender identities, gender expressions, and sex characteristics not captured by the preceding terms. The term is used in line with United Nations practice to promote inclusion and respect for all individuals regardless of their sexual orientation, gender identity, gender expression, or sex characteristics (SOGIESC).

Linguistic minorities

Refers to groups of persons who use a language different from the official or majority language of the State in which they live and who share a common linguistic identity, whether or not they are also distinguished by ethnicity, religion, or culture. Members of linguistic minorities have the right to use their own language, in private and in public, without discrimination, and to participate effectively in cultural, social, and public life.

Minority groups

In this report, the term minority groups follows the working definition proposed by the former UN Special Rapporteur on Minority Issues:

> *"An ethnic, religious, or linguistic minority is any group of persons which constitutes less than half of the population in the entire territory of a State, whose members share common characteristics of culture, religion, or language, or a combination of these. A person can freely belong to an ethnic, religious, or linguistic minority without any requirement of citizenship, residence, official recognition, or any other status"*

Migrants

Refers to persons who move away from their place of usual residence, either within a country or across an international border, temporarily or permanently, and for a variety of reasons. These may include seeking employment, education, family reunification, or escaping hardship. The term migrant is used as an inclusive, non-legal umbrella term that covers all forms of movement, regardless of a person's legal status or the causes, voluntariness, or length of stay.

Older persons

Refers to individuals who are generally considered to be in the later stages of life. The United Nations commonly uses the term older persons to refer to people aged 60 years and over, while recognizing that age thresholds may vary across national and cultural contexts.

Parties to the conflict

Used to describe all parties involved in the conflict, both State and non-State, including coalition forces and organized armed groups. For the purposes of this report 'parties to the conflict' also encompasses both weapons bearers and civilian authorities because the latter also has a role and obligations with regard to humanitarian assistance.

Persons with disabilities

Includes persons who have long-term physical, mental, intellectual, or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.

Sex

Refers to the biological and physiological characteristics that define humans as female, male, or intersex. These characteristics include chromosomes, hormones, and reproductive anatomy. The term sex is typically assigned at birth, but it does not necessarily correspond to an individual's gender identity.

Undocumented migrants

Refers to persons who do not have the required legal documentation to enter, stay, or work in a given country. The term 'undocumented' is preferred by the IHL Centre over illegal migrants, which carries stigmatizing connotations. The use of undocumented underscores that a person's lack of legal status does not affect their inherent human rights or dignity.

Executive Summary

In the context of international humanitarian law (IHL), inclusion means ensuring that the law is applied in a contextualised and tailored way that reflects the reality of who the affected civilian population is, and how different groups experience harm in armed conflict. It recognises that civilians are not a homogenous group but rather a diverse population whose risks of harm are shaped by age, gender, disability, ethnicity, sexual orientation, migration status, and other identity markers, and how these identities interact.

International humanitarian law (IHL) is a legal framework that aims to protect all persons affected by armed conflict, including civilians, without discrimination. Yet, in practice, the diversity of civilian populations is overlooked across all phases and elements of armed conflict, including in targeting (military decisions about where and how attacks are carried out), proportionality assessments (judgements on whether expected civilian harm is excessive relative to the military advantage) precautionary measures (actions taken to avoid or minimise civilian harm), protection of health care and education, treatment of those detained, and the provision of humanitarian assistance.

This failure creates significant, and predictable, protection gaps and undermines a core purpose of IHL: to limit the suffering of civilians. Inclusion gives meaning to IHL: it is not optional or an 'add-on,' but a **legal obligation** essential for effective protection. Failing to incorporate known and foreseeable harms to the diversity of the civilian population in operational planning, including humanitarian responses, undermines the meaningful protection of civilians.

The IHL Centre's Expert Group on Inclusion was set up in 2024, to advance knowledge on the identity dynamics of armed conflict and the inclusive interpretation, application and monitoring of IHL. The expert group has contributed to this report by examining how age, sex, gender identity, migrant-status, sexual orientation, disability-status, ethnicity, and the intersection of these identity markers shape civilian harm in conflict. The findings of this report demonstrate that the inclusive interpretation and application of IHL is essential to ensure that the law protects all civilians, equally.

The IHL Centre also launched an innovative new tool in 2025: **The Stockholm Manual.** The Manual is the product of years of research, reflection, and collaboration to address a critical gap identified during the piloting phase of the development of the Manual: humanitarian actors often lack comprehensive, practical guidance on how to use IHL in their advocacy. The Manual will assist humanitarian practitioners, journalists and other key humanitarian stakeholders understand both the potential and limits of IHL advocacy. It provides step-by-step guidance for assessing respect for IHL and shows how such analysis can inform more effective advocacy to protect civilians in conflict. The Manual has also incorporated the findings of the Inclusion Report, to ensure that IHL-informed advocacy is conducted in an inclusive manner.

Six Key Recommendations of this Report

1. Inclusion is Law

Protect *all civilians*, not just the majority.
Apply inclusion in targeting, proportionality, precautions.

2. Better Data

Collect age, gender, disability data.
Share & use evidence to inform and enhance protection.

3. Fix Biased Targeting

Stop presuming men and boys are fighters.
Train to recognise & avoid bias.

4. Proportionality with Vulnerabilities

Account for foreseeable harm to children, older people, persons with disabilities.
Factor in indirect effects (e.g. loss of power, blocked access).

5. Inclusive Precautions

Warnings in clear, accessible formats.
Give time & safe routes for evacuation.

6. Accountability

Track civilian harm, disaggregated.
Review, correct, and report practices.

One. Embed inclusion as a core legal obligation under IHL

Inclusion must be treated as an integral part of the interpretation, application and monitoring of IHL, not as a discretionary policy add-on. Existing international law requires that arms bearers account for the diversity of civilian populations—including children, women and girls, men and boys, older persons, persons with disabilities, ethnic and religious minorities, LGBTQI+ persons and migrants—across all aspects of compliance with IHL.

This legal obligation applies throughout the conduct of hostilities: targeting decisions, proportionality assessments, precautionary measures and civilian harm monitoring. The distinct and foreseeable harms that different groups will be exposed to—such as disruption to maternal health care affecting pregnant and postpartum women and infants—must be explicitly and meaningfully considered. Civilian harm review mechanisms should use disaggregated data (at a minimum by age, gender and disability), identify excessive or discriminatory impacts, and feed corrective lessons back into operational planning and training.

To operationalise this obligation, arms bearers should integrate inclusion into military doctrine, legal reviews of military operations and weapons, as well as into operational checklists and SOPs that explicitly link inclusive practices (e.g. accessible warnings, evacuation routes) to legal compliance. Military legal advisers should be trained and mandated to treat failure to account for civilian diversity as a potential violation of IHL obligations, and not merely as a discretionary or policy-based shortcoming.

Two. Correct biased targeting practices and uphold the presumption of civilian status.

Arms bearers must actively address biases that distort distinction and targeting decisions, including the presumption that men of fighting age are combatants or that civilians gathering together in certain areas are inherently suspicious. Such assumptions risk reversing the civilian presumption, inflating perceived military advantage, and weakening proportionality assessments.

Training should explicitly address unconscious bias, using scenario-based exercises to demonstrate how civilian behaviour may be misinterpreted—for example, case studies could show that groups of young men assembled near a market place are seeking labour rather than being fighters. Training materials should reinforce that civilians remain protected unless and for such time as they take a direct part in hostilities.

Post-operational reviews should incorporate civilian casualty assessments disaggregated by age, gender and disability to identify whether biased assumptions contributed to misidentification of civilians. Dedicated civilian harm mitigation cells can provide ongoing oversight of targeting practices, identify recurring bias-driven errors, and issue corrective guidance.

Three. Integrate civilian diversity into proportionality assessments

Proportionality assessments must explicitly account for foreseeable harms to *all* affected civilians. This requires going beyond aggregate civilian counts to assess how different groups may be disproportionately affected.

Good practice would include incorporating age, gender, disability and health status into civilian harm estimation tools and assigning heightened risk values in related to certain civilian groups such as children, older persons, pregnant, postpartum and nursing women, persons and persons with disabilities; and identifying facilities and infrastructure relied upon by distinct groups, such as maternity wards, neonatal units, dialysis centres, schools, residential care facilities, and assistive device services.

Commanders should also assess foreseeable reverberating effects, including interruption of medical treatment, loss of mobility support, or increased mortality risks for children and older persons resulting from damage to essential infrastructure. Training should use case studies showing how attacks that may appear proportionate in general terms can cause excessive harm to particular civilian groups. Medical and humanitarian experts—including military medical units and protection advisers—should be consulted to inform these assessments

Four. Ensure inclusive and effective precautions, including warnings and evacuations.

Warnings, where feasible to be provided, must be accessible and delivered with adequate time for all civilians to respond. This includes using multiple formats—audio, visual and written messages; Easy Read and pictorial formats; and dissemination in relevant minority languages—to reach diverse populations. The inability to provide warnings in every accessible format or modality does not relieve parties of the obligation to issue warnings by other feasible means.

Evacuation planning must account for reduced mobility, reliance on assistive devices or medical equipment, caregiving responsibilities, and institutional settings such as hospitals or care homes. Coordination with humanitarian organisations and community leaders is critical to ensure warnings reach those most at risk and that evacuation routes are practical and accessible.

Operational planning should include monitoring and feedback mechanisms to assess whether warnings and evacuations are effective in practice and to adapt methods where disproportionate harm is identified. Training should use realistic scenarios reflecting diverse civilian profiles and reinforce the legal obligation to take feasible precautions to protect *all* civilians.

Five. Use disaggregated data and evidence to inform operations and monitoring

Arms bearers and civilian authorities should use sex-, age- and disability-disaggregated data—drawing on epidemiological, public health and humanitarian research—to inform targeting decisions, proportionality assessments (including reverberating harms), precautionary measures and humanitarian coordination.

Casualty tracking systems can reveal patterns of disproportionate impact, such as higher risk of harm to women and children when military operations are conducted during market hours. Population movement and life-pattern data can help anticipate who is most exposed to particular attack types (e.g. daytime strikes affecting children and older persons in residential areas).

Scenario-based training using diverse civilian profiles can illustrate how identical attacks—such as on a bridge—may have very different humanitarian consequences depending on who relies on that infrastructure, such as school children or or older persons reaching food distribution points. Integrating health and epidemiological data (e.g. reliance on dialysis, uninterrupted electricity, or accessible transport) strengthens compliance with proportionality and precaution obligations.

> **WARNING:** although disaggregated data is important to increasing the inclusive application of IHL, and therefore increasing civilian protections, it must be noted that owing to entrenched discriminatory attitudes, access restrictions, fear of exposure, and resource constraints, many groups, such as those living in rural areas, persons with psycho-social or intellectual impairments, undocumented migrants, ethnic minorities, and LGBTQI+ persons are likely to be excluded from data collection.
>
> The invisibility of these groups in data collection is a significant challenge to closing protection gaps. Their absence from data sets must not exacerbate the exclusion and harm that they already experience. Though meaningful consultations with representational, local, affected-groups, as well as data and research from other conflict settings, the lived experience of these different groups, and the harms they experience can still be integrated into IHL interpretation and application.

Six. Strengthen monitoring and accountability for inclusive compliance with IHL

Arms bearers should adopt transparent civilian harm monitoring and review mechanisms that assess impacts across different civilian groups and identify unlawful discriminatory practices. Civilian harm tracking and review cells should analyse incidents, review operational decisions, recommend corrective actions and ensure lessons learned feed back into planning, targeting protocols, rules of engagement and training.

Accountability mechanisms—both internal and external such as UN mandate holders and commissions of inquiry—should integrate inclusion into their monitoring and investigative frameworks, using disaggregated data and contextual analysis to assess whether failures to account for civilian diversity contributed to excessive or discriminatory harm.

1. What is the Inclusion Report?

The Inclusion Report (the Report) is a practical resource to promote the inclusive interpretation, application and monitoring of international humanitarian law (IHL). It is designed to support those engaging with IHL—particularly arms bearers and those who influence them—to better recognise and address the differentiated and predictable ways in which armed conflict affects diverse civilian populations.

The Report complements the **Stockholm Manual**, building on its approach to IHL-informed analysis and advocacy by foregrounding inclusion as a core requirement of effective civilian protection. It proceeds from the premise that IHL's protections are universal, but that failures to interpret and apply IHL in an inclusive manner result in systematic protection gaps for certain groups.

- IHL establishes rules to limit the effects of armed conflict and protect civilians without adverse distinction.
- Inclusive application of IHL requires recognising how conflict affects civilians differently based on factors such as gender, age, disability, ethnicity, religion and other intersecting characteristics.
- Inclusive IHL analysis strengthens compliance with existing obligations by making foreseeable civilian harms visible in operational decision-making.
- Inclusive IHL-informed advocacy supports more effective prevention of civilian harm and more credible accountability.

The Inclusion Report approaches IHL from the perspective of improving practice. It does not seek to create new legal obligations, but to clarify how existing IHL rules must be interpreted, applied and monitored to ensure protection for *all* civilians.

1.1 Purpose, Scope and Structure

The purpose of this Report is to demonstrate how non-inclusive interpretations of IHL contribute to recurring patterns of civilian harm, and to offer concrete, operationally relevant recommendations for closing those protection gaps. Drawing on law, policy and practice across multiple contexts, the Report highlights where inclusive approaches are required in areas such as distinction, proportionality, precautions, detention, displacement, humanitarian assistance and accountability.

Like the Stockholm Manual, this Report is grounded in the belief that rigorous analysis leads to more effective advocacy and better protection outcomes. It is intended to be used alongside existing IHL tools, including the Stockholm Manual, military manuals and humanitarian guidance, as a thematic resource focused specifically on inclusion.

The report is organised into two interconnected sections. **Part I** sets out the core principles of international humanitarian law and explains how these rules must be interpreted and applied in an inclusive manner. It examines how under-inclusive interpretations of selected core areas of IHL—including the conduct of hostilities, the protection of healthcare, and protection against conflict-induced hunger—give rise to predictable and recurring protection gaps affecting different groups within civilian populations. Part I then translates this analysis into targeted, operationally relevant recommendations aimed primarily at arms bearers, to support compliance with IHL obligations and reduce civilian harm. While the analysis focuses on three thematic areas of IHL application, many of the findings and corresponding recommendations are equally applicable across other domains of IHL.

Part II recognises that important protection gaps are experienced by specific civilian groups, (namely children, ethnic and religious minorities, LGBTQI+ persons, men and boys, older persons, and persons with disabilities) outside of those explored in Part I. It therefore provides a dedicated analysis of each group's lived experience of armed conflict, the distinct IHL protection gaps they face, and practical recommendations to address those gaps. Together, the two sections move from legal principles to operational guidance, equipping arms bearers and humanitarian service providers with concrete tools to improve practice, while also supporting more focused and effective advocacy by those seeking to influence their behaviour in line with IHL.

1.2 Who is this report for?

While the majority of the recommendations in this Report are directed at arms bearers, including State armed forces and non-State armed groups, it is hoped that those engaged in protection advocacy will also find it useful in shaping and tailoring their own engagement with arms bearers.

The Report may be of particular relevance to:

- Military and security actors responsible for planning and conducting operations;
- Humanitarian and protection actors engaging in dialogue with parties to conflict;
- Civil society organisations and NGOs advocating for civilian protection;
- UN agencies, mandate-holders and monitoring mechanisms;
- Policy-makers and advisers working on IHL compliance and civilian harm mitigation.

Those already using the Stockholm Manual may find that this Report provides an additional analytical lens, helping to identify where inclusive interpretation and application of IHL can strengthen advocacy, reduce civilian harm, and support more effective protection for populations that are often overlooked in practice.

1.3 Important note on what IHL can (and cannot) do

While this report advocates for the inclusive interpretation, application and monitoring of IHL, it is essential to recognise the inherent limits of IHL as a body of law designed to regulate conduct only in the exceptional and temporary circumstances of armed conflict**.** IHL is not intended to serve as a comprehensive framework for social reform, nor can it, on its own, dismantle deeply entrenched inequalities, power structures or forms of discrimination that predate the outbreak of hostilities. By contrast, international human rights law (IHRL) operates across peace and conflict and more directly reflects evolving societal values, serving as the primary legal framework through which equality, non-discrimination and structural social change are progressively articulated and codified.

What can and must be expected of IHL, however, is that through inclusive interpretation and application of its existing rules, it does not entrench or exacerbate pre-existing inequalities, and that no civilian group is excluded from its protections on the basis of gender identity, sexual orientation, age, disability, ethnicity, religion, migrant status or other similar characteristics.

PART 1

Introduction

In the context of international humanitarian law (IHL), inclusion means ensuring that the law is applied in a contextualised and tailored way that reflects the reality of who the affected civilian population is, and how different groups experience harm in armed conflict. It recognises that civilians are not a homogenous group but rather a diverse population whose risks are shaped by age, gender, disability, ethnicity, sexual orientation, migration status, and other identity markers.

Inclusion gives meaning to IHL. Without being applied in a manner that reflects the realities of who the civilian population is, IHL offers very little protection. Inclusion is not an 'add-on' or discretionary — it is a binding legal obligation under IHL, including in relation to the **rules governing the conduct of hostilities**, comprising distinction, proportionality, and precautions, **treatment of detainees** and the **provision of humanitarian assistance**. Failure to interpret, apply, and monitor IHL inclusively therefore undermines its core aim: the protection of civilians. For example:

- **Distinction:** Presuming all men of fighting age are combatants risks targeting civilians unlawfully.
- **Proportionality:** Ignoring foreseeable harms to children, older persons, or persons with disabilities when assessing an attack's expected military advantage can make an otherwise lawful strike unlawful.
- **Precautions:** Delivering warnings only in the dominant language in the context or assuming all civilians can evacuate quickly excludes vulnerable groups, such as linguistic minorities, children and pregnant women and elderly, or disabled persons, leaving them unprotected.

Civilian populations are not homogenous. They include children, women, men, LGBTQI+ persons, older persons, persons with disabilities, ethnic minorities, and migrants — each facing distinct and often overlapping risks in armed conflict. These risks are shaped by age, gender, health, disability status, ethnicity, and other identity markers and the intersection of these identities. Yet too often, this diversity is overlooked in the interpretation, application, and monitoring of IHL, resulting in serious and predictable protection gaps.

The inclusive application of the law ensures that all civilians, regardless of age, gender, disability, sexuality or ethnicity, for example, are genuinely and comprehensively protected under IHL, and that military planning, targeting, and humanitarian responses comply with binding legal obligations.

The scale of harm illustrates the urgency. In 2024 alone, Action on Armed Violence (AOAV) reports 61,353 civilian casualties (deaths and injuries combined) from the use of explosive weapons in conflict zones.[1] The United Nations verified **22,495 grave violations against children**[2], a 25% increase from the previous year, while nearly **one in six children worldwide now lives in a conflict zone**[3].Older persons and persons with disabilities face heightened risks when healthcare systems collapse.[4] Male civilians, both boys and men, are frequently over-targeted, due to presumed combatant status. LGBTQI+ persons, undocumented migrants,[5] and ethnic minorities often avoid shelters, food distribution points, or clinics out of fear of exposure, resulting in poor health outcomes.

Recognising and responding to this diversity is not a matter of policy preference but a **legal requirement under IHL**. For example, the principles of **humanity, humane treatment**, and the prohibition of **adverse distinction** demand that all civilians be protected with dignity and without discrimination. Under IHL, the principle of distinction requires parties to an armed conflict to always distinguish between combatants and civilians, and to direct attacks only against combatants and military objectives. This principle is central to the rules on the conduct of hostilities. Distinction **does not allow selective protection;** it requires that all civilians, in every context are treated as protected unless they directly participate in fighting.

Meeting these obligations requires the systematic collection and use of disaggregated data (by age, sex, disability, sexual orientation, ethnicity, and other status), alongside intersectional analysis that captures how overlapping identities, for example, being both an ethnic minority and a person with a disability, multiply risks of harm. Meaningful consultations with representative groups, to understand their lived experience of armed conflict is also essential. Without such inclusive, evidence-based approaches, the application of IHL will remain partial, leaving the most vulnerable civilians behind.

1 Action on Armed Violence, *Explosive Violence Monitor 2024*, 21 May 2025.

2 Annual Report of the Secretary-General on Children and Armed Conflict, UN DocA/79/213–S/2025/493), 11 June 2025.

3 IPC, *Famine Review Committee: Gaza Strip*, August 2025.

4 UNRWA, *Protection Brief, The situation of older persons in Gaza*, June 2025; HelpAge, *Missing Millions: how older people with disabilities are excluded from humanitarian response*, April 2025.

5 IFRC, *New Walled Order; How barriers to basic services turn migration into a humanitarian crisis*, 2018.

Introduction to relevant provisions of IHL

What is IHL?

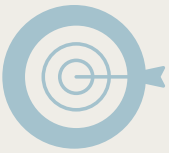
Rules to **limit human suffering**
Applies to **all parties:** States, non-state armed groups, and individuals.

Who is protected?

Civilians
Medical and humanitarian personnel
Persons who are wounded, detained, or surrendered

What does IHL regulate?

Means & methods of warfare:
Obligations for non-participants: neutral States, transit States, and humanitarian actors.



Purpose

Reduce human cost of warfare
Safeguard human dignity
Prevent unnecessary suffering
Contribute to conditions for sustainable peace

Foundational Principles

Humane treatment: protect all individuals from inhumane treatment.
Prohibition of adverse distinction: ensure protection **without discrimination.**

These principles **guide interpretation, application, and monitoring of IHL,** ensuring inclusivity.

Scope, object and purpose of IHL

International humanitarian law (IHL) is a set of rules that seek, for humanitarian reasons, to limit the harmful effects of armed conflict whilst allowing military objectives to be pursued. IHL is also known as the law of armed conflict, or *jus in bello*, as opposed to *jus ad bellum*, which concerns whether going to war is justified and legal in the first place.

IHL aims to reduce to the greatest extend possible the human cost of warfare by protecting persons who are not, or are no longer, participating in hostilities—such as civilians, medical and humanitarian personnel, and fighters who are wounded, detained, or have surrendered. It also governs the means and methods of warfare, setting limits on what weapons and tactics may be used.

The purpose of IHL is not to forbid armed conflict itself or to determine the legality of the use force—that question is addressed by the UN Charter, particularly Article 2(4). Instead, IHL accepts the existence of armed conflict as a factual reality and seeks to regulate conduct during conflict. By striking a balance between the principles of humanity and military necessity, IHL seeks to prevent unnecessary suffering, safeguard human dignity, and contribute to the conditions for sustainable peace.

The rules of IHL apply to all parties to the conflict, including States and non-state armed groups, as well as to all individuals participating in the conflict. Since many of IHL's core obligations have reached customary status, IHL provides protection in all armed conflicts, even when IHL rules do not apply as a matter of

treaty law.[6] Furthermore, IHL applies equally to all parties regardless of who started the conflict or whether their reasons for fighting are considered just or lawful under international law. IHL also contains obligations for actors not participating in the conflict, such as neutral States, transit States for humanitarian aid, and relief organizations.

Within the framework of IHL, the principles of **humanity**, **humane treatment** and the prohibition of **adverse distinction** are foundational**.** These principles (the meaning of each is explained below) reinforce the protective purpose of IHL and guide the interpretation and application of all IHL rules. They serve as essential safeguards to ensure respect for human dignity and to prevent discrimination in the protection afforded to individuals during armed conflict. IHL must be interpreted and applied in a manner that is consistent with these principles. Therefore, these principles are essential to the inclusive interpretation, application and monitoring of IHL.

Principles of humanity and military necessity

The principles of **humanity** (and its counterpart, **military necessity**- see below) anchor the entire normative framework of IHL, shaping both its rules and their interpretation. The balance between these legal principles, is the 'hallmark' and red thread that runs through IHL.[7] Although there is no single definition of the principle of humanity in international law - indeed this is a strength as it allows the principle to evolve with humanity itself - it establishes that parties to a conflict must limit suffering and uphold human dignity—even in the height of combat and towards all persons, including enemy fighters. Although not defined by a single article, humanity is invoked throughout IHL, particularly in rules prohibiting weapons or methods that cause unnecessary suffering (e.g. Additional Protocol I, Art. 35) and in the broader interpretive framework of IHL.[8]

The principle of humanity is reinforced by the **Martens Clause**, a residual protective norm. As articulated in Article 1(2) of Additional Protocol I, the Martens Clause provides that 'in cases not covered by this Protocol or by other international agreements, civilians and combatants remain under the protection and authority of the principles of international law derived from established custom, from the principles of humanity and from the dictates of public conscience.' The ICRC elaborates that the Martens Clause therefore ensures that even where specific rules are absent, humane principles continue to regulate conduct.[9] In effect, the principle of humanity serves not only as a stand-alone, inherent, humanitarian norm but also—as embedded via the Martens Clause—as a fallback interpretive source that upholds the spirit of IHL when written rules are silent or ambiguous.[10]

The principle of **military necessity** allows parties to a conflict to only use measures that are necessary for defeating the enemy, provided such measures are not prohibited by international law (e.g the use of human shields). Military necessity "permits measures which are *actually necessary to accomplish a legitimate military purpose*' - and are not otherwise prohibited."[11] Meaning the principle at its essence, it is a limiting principle—its purpose is not to legitimize attacks, but rather to confine attacks to only those that are strictly necessary to achieve lawful military aims.

Humane treatment

The principle of **humane treatment** is a fundamental norm within IHL, requiring that all persons affected by armed conflict be treated humanely in all circumstances, without any **adverse distinction** (see below) based on race, sex, gender, religion, or any other status. This rule is enshrined in Common Article 3 to the four Geneva Conventions and reaffirmed in Article 75 of Additional Protocol I, as well

6 For instance, because one of the State parties to the conflict has not ratified the relevant treaty.

7 ICRC, *Cyber Operations During Armed Conflict: The Principles of Humanity and Necessity*, (2011), p.2.

8 M. Sassòli, *International Humanitarian Law: Rules, Controversies, and Solutions to Problems Arising in Warfare* (2nd ed., Elgar, 2024).

9 ICRC, *Commentary on the Additional Protocols to the Geneva Conventions of 12 August 1949* (1987), Vol I: Article 1 (§56) (on the Martens Clause).

10 For more on the role of humanity in IHL interpretation see M. Sassòli, *International Humanitarian Law: Rules, Controversies, and Solutions to Problems Arising in Warfare* (2nd ed., Elgar, 2024).

11 ICRC, *Cyber Operations During Armed Conflict: The Principles of Humanity and Necessity*, (2011), p.2.

as customary IHL,[12] which together establish a minimum standard applicable in both international and non-international armed conflicts. The principle of humane treatment demands respect for the inherent dignity of every person and prohibits violence to life and person, torture, cruel or degrading treatment, and outrages upon personal dignity. This rule forms the 'bedrock' of IHL, many of its more specific prohibitions—such as those on murder, torture, cruel and degrading treatment or unlawful detention—are expressions of the overarching rule on humane treatment.[13] Humane treatment is an 'umbrella principle' which informs both the substance and interpretation of IHL's protective norms.[14]

The obligation to ensure humane treatment applies to all persons in the power of a party to the conflict, including detainees, civilians in occupied territory, and fighters who have laid down their arms,[15] — rather than to the **conduct of hostilities** (see below) itself. Simply put, -humane treatment obligations regulate *treatment* of persons, not *attacks*. Nonetheless, there is some overlap: acts prohibited under the humane treatment rule—such as murder or cruel treatment—can also manifest through unlawful attacks, and human dignity remains a guiding principle for interpreting targeting rules.[16] In practice, the humane treatment standard serves as a *baseline of humanity* across IHL, ensuring that the law's protections are applied inclusively and with equal regard for the dignity of every person affected by armed conflict.

The term 'humane treatment' is not exhaustively defined in IHL, its meaning must be understood in the light of international human rights law and international criminal law, both of which give concrete content to concepts such as dignity, equality, and respect for diversity.[17] Importantly, 'humane treatment' is context-specific: what constitutes humane or inhumane treatment cannot be determined in the abstract, it must take into account the individual's personal characteristics and needs of the individual or demographic group(s) to which they belong. Age, sex, gender, disability status, health condition, ethnicity, language, and other factors all influence whether treatment is humane in practice. In this sense, humane treatment and non-discrimination are inseparable: together, they guarantee that IHL's protections reach *all* persons equally, reflecting the evolving understanding of humanity within armed conflict. For example, requiring civilians to cross a checkpoint individually and unaccompanied may not be inhumane for a healthy adult who speaks the local language. Yet, the assessment changes if the person is a child, an older person with mobility restrictions, or from a persecuted ethnic group and unable to communicate in the local language. Such individuals have distinct vulnerabilities that require specific protections and accommodations.

The principle of humane treatment applies across conflict and displacement, as illustrated below:

Context: Evacuation procedures
Adequate: Civilians ordered to evacuate on foot
Inhumane: Applied without exception to persons with disabilities, older people with limited mobility, or pregnant women

Context: Treatment of wounded and sick persons in occupied territories
Adequate: wounded and sick receive rapid access to medical treatment for physical injuries sustained as a result of hostilities
Inhumane: Women and girl survivors of conflict related rape are denied access to safe termination services and anti-virials

13 ICRC, *Commentary on the First Geneva Convention* (2016), Common Article 3, §§ 535–538.

14 M. Sassòli, *International Humanitarian Law: Rules, Controversies, and Solutions to Problems Arising in Warfare* (Elgar, 2019) §§7.25–7.30.

15 Geneva Conventions, Common Art. 3(1); Additional Protocol I (1977) (API) Art. 75(1).

16 ICTY, *Prosecutor v Tadić* (Appeals Chamber Judgment, 15 July 1999) §§ 618–620.

17 M. Sassòli, *International Humanitarian Law: Rules, Controversies, and Solutions to Problems Arising in Warfare* (Elgar, 2019) § 7.28.

Context:	Conditions of detention
Adequate:	Provision of recreational spaces and WASH facilities for detainees
Inhumane:	When women at risk of gender-based violence, LGBTQ+ persons, or trauma survivors are denied access to safe or private spaces, including WASH facilities

Context:	Distribution of humanitarian aid
Adequate:	Organised queues for adults who do not have mobility restrictions or care responsibilities.
Inhumane:	Older persons, children, people with disabilities and those with care duties cannot queue for long periods, nor carry the aid that is distributed.

From an inclusion perspective, this contextual approach reinforces the obligation to recognize and respond to diverse experiences and needs within conflict-affected populations. It ensures that humane treatment is not a one-size-fits-all standard but a dynamic obligation that adapts to the identity and circumstances of each person, this is essential to ensuring that IHL can serve its purpose of limiting the harmful effects of armed conflict for the entirety of the affected populations, equitably and effectively. In practice, this means that parties to conflict must incorporate considerations of diversity and vulnerability into their operations, policies, and training, and must be attentive to the risk of discrimination or neglect that can arise when these factors are overlooked.

Prohibition of Adverse distinction

The prohibition of adverse distinction forbids any unfavourable treatment in the interpretation and application of IHL norms, based on characteristics such as race, religion, sex, birth, wealth, or 'any similar criteria' that are unrelated to the needs or status of individuals. Only 'adverse' distinction is prohibited; differential treatment that is necessary to respond to the specific needs of a particular individual or group, such as older persons, will be lawful – and may even be required. This means that all persons protected under IHL—such as civilians, detainees, the wounded and sick, and others not or no longer participating in hostilities—must be treated without discrimination, except where distinctions are made to respond to their specific needs. The principle is rooted in the broader principles of **humanity** (see above) and obligation of **humane treatment**, to respect human dignity, and is essential to ensuring that humanitarian protections are applied fairly and equitably, regardless of a person's identity or background.

The prohibition of adverse distinction extends beyond the treatment of persons in the power of a party to the conflict. It also applies to how hostilities are conducted, including rules governing targeting, proportionality and precautions in attack (see **conduct of hostilities**), which should be implemented without any adverse distinction.[18] The requirement applies equally to all civilians, regardless of which side they belong to, and to all persons affected by military operations. State practice supports this interpretation, confirming that the law of armed conflict is to be applied without adverse distinction, including in targeting decisions.[19] Expert guidance further supports this position, underlining that the rules on the conduct of hostilities make no distinction among civilians and that equal protection is a foundational element of lawful military conduct.[20] This understanding reinforces that, when applying the rules on distinction, proportionality and precautions, parties must not value one group of civilians over another or allow bias to influence operational choices.[21]

From an inclusion perspective, the prohibition of adverse distinction is essential to prevent the exclusion or marginalization of individuals and groups who may already face systemic disadvantage, particularly during armed conflict. It reinforces the need to recognize

18 See ICRC, *Commentary to Additional Protocol I,* Preamble and Arts. 51 and 57; G. Dvaladze, *Equality and Non-Discrimination in Armed Conflict*, (Elgar, 2023) pp. 45-54 and pp. 223-263.

19 ICRC CIHL Study, Rule 88, (section on state practice).

20 See, ICRC, Expert Meeting, The Principle of Proportionality in the Rules Governing the Conduct of Hostilities under IHL, (June 2026), p.30; Report of the UN Special Rapporteur on Extrajudicial Summary or Arbitrary Executions, A gender-sensitive approach to arbitrary killings, UN Doc A/HRC/35/23/2017, §49.

21 G. Dvaladze, *Equality and Non-Discrimination in Armed Conflict*, (Elgar, 2023), pp. 223-263.

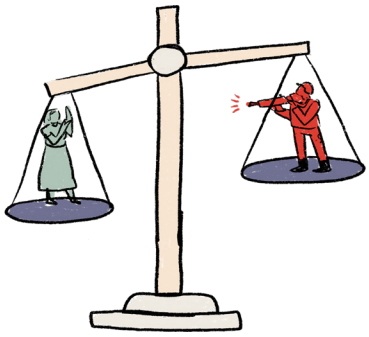
and accommodate differences such as age, sex, gender identity, disability-status, ethnicity, or health status, as factors that may require tailored protection or assistance. Upholding this principle helps ensure that IHL responds to the real and diverse experiences of the affected population, promoting not only equality in legal protection but also in humanitarian responses to an armed conflict.

Applying the prohibition of adverse distinction in practice

Adverse distinction arises when bias based on identity—rather than needs or legal status—affects how protection, military operations and humanitarian assistance aid, are implemented. Examples include:

- **Conduct of hostilities:** Applying targeting or proportionality assessments less rigorously in areas inhabited by a certain ethnic group, or valuing one's own civilians over those of the adversary, breaches the prohibition on adverse distinction. Equal protection must guide all targeting decisions and precautionary measures.
- **Distribution of humanitarian assistance:** Prioritising food, water or shelter for civilians based on political allegiance, ethnicity or religion. Assistance must be provided impartially, in accordance with humanitarian principles and guided only by need.
- **Content of humanitarian assistance:** The provision of humanitarian assistance that ignores the needs of certain groups—for example, food that does not respect cultural or religious dietary requirements, or omitting menstrual hygiene products or disability-access items within assistance packages, can amount to adverse distinction. By contrast, tailoring aid to meet diverse needs ensures equality in protection and upholds the inclusive application of IHL as well as IHRL standards on equality and non-discrimination.
- **Medical care:** Denying or delaying treatment for the wounded and sick because of their gender identity, sexual orientation, age or disability-status, nationality, for example, constitutes adverse distinction. Medical triage, by contrast, may legitimately prioritise patients by urgency of need, but not on identity or legal status.
- **Treatment of detainees:** Providing better living conditions, food, or legal safeguards to detainees of one group over another amounts to adverse distinction. Different arrangements are lawful only when necessary to meet specific needs (for example, separate facilities for women or minors).

Conduct of hostilities



The IHL provisions relating to the conduct of hostilities regulate targeting and the means and methods of warfare that parties to an armed conflict may lawfully use.[22] These rules serve to minimise, to the greatest extent possible, human suffering whilst allowing for legitimate military goals to be pursued. While the IHL rules on the conduct of hostilities are well-established under IHL, there is a consistent failure to operationalize these obligations in a way that reflects the diversity and specific vulnerabilities of those within the civilian population. The following section provides a brief explanation of the conduct of hostility rules, before exploring the impact of the under-inclusive application of these rules on children, older persons, males, females, ethnic minorities, and persons with disabilities. Finally, overarching recommendations are given as to how these rules should be implemented in an inclusive manner.

Distinction, proportionality, and precautions

There are three core IHL principles to the conduct of hostilities: **distinction**, **proportionality**, and **precautions**.[23]

The principle of **distinction** requires parties to a conflict to always distinguish between civilians and combatants (or fighters in the context of a non-international armed conflict where the status of 'combatant' does not formally exist), and between civilian objects and military objectives, ensuring that attacks are only directed at legitimate military targets. Attacks that deliberately target civilians who are not directly participating in hostilities or civilian objects are prohibited at all times.[24] Where in doubt regarding the status of an individual, they should be presumed to be civilian and remain protected from targeting.[25]

The principle of **proportionality** prohibits attacks that may cause incidental harm to civilians or civilian objects that would be excessive in relation to the concrete and direct military advantage anticipated. The 'harm' to be considered in a proportionality assessment includes all foreseeable, incidental, civilian deaths, injuries, and damage to civilian objects resulting from an attack. The assessment should

22 "For guidance on how to advocate for better of the rules relating to the conduct of hostilities, See Stockholm Manual, Category 1(A) Physical harm to persons and objects during the conduct of hostilities."

23 For further explanation of these three principles and guidance on how to assess if a particular attack conforms with these principles see the Stockholm Manuel.

24 Direct participation in hostilities (DPH) refers to acts by civilians that directly affect the military operations or capacity of a party to a conflict — such as attacking, gathering intelligence for combat, or transporting weapons to fighters. Civilians who directly participate lose their protection from attack *for the duration of such participation*, but regain it once they cease these activities.

25 ICRC, CIHL Study, Rule 6.

Distinction

Distinguish between civilians and combatants; only attack legitimate military targets.

Proportionality

Ensure expected civilian harm is not excessive compared to anticipated military advantage.

Precautions

Take all feasible steps to minimize harm to civilians and civilian objects.

also take into account reverberating, or indirect, effects—such as damage to essential services or infrastructure (for example, hospitals, water systems, or energy supplies)—when such consequences are reasonably foreseeable at the time the attack is planned.[26]

Finally, the principle of **precautions** requires all feasible steps to be taken in planning and executing attacks to avoid or minimize harm to civilians and civilian infrastructure. Precautions in attack and against the effects of attack include measures such as verifying that targets are military objectives, choosing means and methods that minimise civilian harm, giving effective advance warnings when possible, and providing shelters.

The three principles of **distinction**, **proportionality** and **precautions** must be considered by arms bearers before an attack is launched and during its execution, and each principle must be satisfied for an attack to be lawful. If any of these principles is not adhered to the attack must be abandoned. To intentionally launch an attack that does not adhere to these rules may amount to a war crime.

Distinction

Below, consideration is given to the gendered application of the principle of **distinction** that results in the over-targeting of men and boys.

Men and boys

Male civilians are at heightened risk during armed conflict due to a persistent gender bias that associates adult males with combatant status. This gender-bias leads to the targeting of male civilians on the assumption that they are, or could be, fighters. When considering sex-disaggregated data on civilian deaths in on-going conflicts this pattern of over-targeting of males is clear.

In Syria, from September 2019 to late 2024 men and boys accounted for the majority of explosive-ordnance civilian casualties — 87% of recorded casualties according to UNMAS,[27] and data from the Syrian Network for Human Rights covering the period of March 2011 to June 2024, shows that over 180,000 of the 231,495 documented civilian deaths were males.[28] In Gaza, analysis of sex-disaggregated data by Action on Armed Violence (AOAV) found that in the first two weeks of the conflict civilian males were 32% overrepresented within the 2,236 civilian fatalities.[29]

Similarly, in Ukraine, from December 2024 to June 2025, OHCHR verified 968 civilian deaths, of which 583 were men and 343 women, meaning that approximately 56% of verified civilian fatalities in that six-month period were male.[30] These figures expose a pattern: when arms bearers undertake targeting decisions, and especially when there is any doubt about an individual's status, males are more likely to be presumed to be combatants and therefore more likely to be targeted.[31]

Recommendations:

- Arms bearers must uphold the presumption of civilian status for all individuals (meaning that in case of doubt, a person must be considered a civilian and therefore protected from attack, unless it is clearly established that they are directly participating in hostilities or are a lawful military target),[32] including males.
- Any assumptions about combatant status of males of fighting age, must be rejected. Instead, targeting decisions must be based on individualised assessments of conduct and verifiable

26 For more on the scope of 'harm' to be considered in proportionality assessments see ICRC, *Guidelines on the Conduct of Hostilities under International Humanitarian Law* (2009), §§. 45–46; Oxford Institute for Ethics, Law and Armed Conflict, *Proportionality in the Conduct of Hostilities: The Incidental Harm Side of the Assessment* (, 2020), §§. 20–24, 51–54; Chatham House, *Proportionality in the Conduct of Hostilities: The Incidental Harm Side of the Assessment*, December 2018.

27 United Nations Mine Action Service (UNMAS), *Annual Report 2023*, pp. 94-95.

28 Syrian Network for Human Rights, *The Civilian Death Toll in Syria: Cumulative Monthly Data*, (2024), thought note that the categorisation of how these casualties occurred is not stated by SNHR, rather these deaths are listed as 'civilian deaths at the hands of the parties.'

29 Action on Armed Violence (AOAV), *Civilian casualties in Gaza: Israel's claims of 50% combatant deaths don't add up – at least 74% of the dead are civilians*, October 2024.

30 United Nations Office of the High Commissioner for Human Rights (OHCHR), Report *on Human Rights Situation in Ukraine 1 December 2024-31 May 2025*, June 2025. It should be noted that not all of the deaths reported in the OHCHR report could be confirmed to be as a direct result of the conduct of hostilities.

31 ICRC, *Gendered impacts of armed conflicts and implications for the application of IHL*, June 2022, pp.13-15.

32 ICRC, CIHL Study, Rule 6.

indicators of combatant status and conduct, not on gendered assumptions or demographic profiling.[33]

- Intelligence used to inform targeting must be rigorously vetted to ensure it is not shaped by bias or unsupported generalisations about gender (nor age or ethnicity). This includes when arms bearers use artificial intelligence in their targeting decisions.[34]
- Gender advisers, with specific expertise in gender-bias, gender impacts of conflict and IHL, should be appointed and meaningfully consulted in targeting decisions.
- Personnel involved in targeting and threat assessments should receive specific training to identify, question, and correct gender bias in operational decision-making.
- Casualty data, disaggregated by sex, should be gathered and used to track the gender impacts of hostilities on men and boys (as well as women and girls), and where disproportionate impacts are identified this be rectified in future targeting decisions.
- Transparent and accessible review and accountability mechanisms must be established to identify and address unlawful targeting practices and to reinforce compliance with IHL.

Proportionality

The principle of **proportionality** requires that a balance be struck between the anticipated, concrete and direct military advantage of an attack and the expected incidental harm to civilians and civilian objects. Where the expected harm would be excessive in relation to the anticipated advantage, the attack is prohibited. To launch such an attack may be a war crime.[35]

When undertaking proportionality assessments, parties to a conflict must consider not only the immediate but also the **foreseeable reverberating effects** of an attack on civilians.[36] Including foreseeable reverberating effects - and not just immediate harms - within proportionality assessments is consistent with the purpose of the rule—to reduce civilian suffering. Furthermore, it aligns with the reality of modern conflict, especially in urban areas, that attacks often produce 'cascading effects' that go far beyond the initial impact.[37]

For example, damage to sewage and water infrastructure in a populated areas will likely lead to the outbreak of communicable diseases such as cholera, destroying an electricity plant can disable hospitals and water systems, leading to preventable deaths, disease, and displacement.[38] These are not unforeseeable side effects but predictable consequences that should form part of proportionality assessments. Increasingly, states and military manuals recognize that 'expected' civilian harm includes such second- and third-order effects.[39] Considering reverberating effects is therefore essential to ensure that proportionality assessments reflect the full humanitarian cost of an attack, not just its immediate outcome.

In applying the proportionality principle, arms bearers must base their decision-making on all the information that is reasonably available to them at the time of the attack.[40] Such information typically includes information about the nature of the civilian population in the vicinity of the target, the foreseeable consequences of using particular weapons or methods of warfare, the timing and method of attack, and potential precautions that can feasibly be taken such as advance warnings, to minimize the expected civilian harm. The threshold of what information is 'reasonably' available to arm bearers will be dependent on the context.

33 *Ibid.*

34 Office of the Special Representative of the Secretary-General for Children and Armed Conflict, *The Gender Dimensions of Grave Violations Against Children in Armed Conflict*, May 2022, highlighting that boys are at increased risk of targeting as perceived to be combatants; A. Jiménez, *Embedding Gender in International Humanitarian Law: Is Artificial Intelligence Up to the Task?*, Just Security (2021).

35 ICTY, *Prosecutor v. Galic*, Trial Judgement, IT-98-29-T (5 December 2003), §58; Rome Statute of the International Criminal Court, Art. 8(2)(b)(iv).

36 The foreseeability of the reverberating effects is articulated as 'may be expected' in Art. 51(5)(b) of AP I.

37 I. Robinson and E. Nohle, "Proportionality and Precautions in Attack: The Reverberating Effects of Using Explosive Weapons in Populated Areas," *International Review of the Red Cross*, Vol. 97, No. 901 (2015), p. 118.

38 *Ibid*, 120-122. For further guidance on the principle of proportionality as it applies to attacks against objects indispensable to the civilian population, see Stockholm Manual, Category 2, Chapter 2 (in particular, pp. 104-105.)

39 *Ibid*, p.123-125.

40 *Ibid.*; see also ICRC, CIHL Study, Rule 15.

For example, where armed forces of a state operate within their own territory or in territory that they occupy for a protracted period, the scope of information that can be reasonably expected to be accessible to arms bearers increases. This threshold also evolves with societal and technological advancements; for example, it would now be considered 'reasonable' for any modern state forces to have access to satellite imagery and GPS tracking which can be used to determine the locations of enemy fighters and civilians.

In the application of the proportionality assessment arms bearers often overlook considerations of who constitutes the civilian population. This oversight is legally and operationally significant. The harm experienced by civilians is not homogenous; it varies significantly depending on identity markers such as age, gender, disability, and health status. An inclusive proportionality assessment requires arms bearers to account for the diversity of the civilian population and their distinct vulnerabilities in conflict settings. A failure to consider differentiated civilian harm—especially where evidence of such harm is well-documented and foreseeable—risks rendering an attack unlawful and contributes to avoidable civilian deaths and other forms of harm.

Below consideration is given to the inclusion of **children**, **women and girls**, **older persons** and **persons with disabilities** within proportionality assessments.

Children

Children experience unique risks during armed conflict due to their dependence on parents or caregivers for survival, their limited mobility, smaller bodies and their lack of knowledge about where or how to seek protection. These vulnerabilities increase the likelihood that children will be injured or killed during attacks. Multiple conflict-specific studies confirm these heightened risks. For instance, children represented more than 20% of civilian deaths in Syria from 2011 to 2016, with their share of total civilian fatalities rising sharply even though they made up a smaller portion of the population.[41] In Gaza, children made up 44% of civilian fatalities in early 2024, far exceeding their demographic representation.[42] UNICEF reported that in Gaza, a child was killed on average every 8 minutes in the six months that followed October 2023.[43]

Studies reveal the disproportionate impact of blast injuries from explosive weapons (including landmines and unexploded ordnance) on children due to their physiology, including increased mortality.[44] Recent studies show that children—especially those aged under two—are more likely than adults to die from blast injuries and are more likely than adults to sustain traumatic brain injuries, penetrating head wounds, and severe burns from blast impact.[45] Save the Children compiled data from several conflicts including Ukraine, Syria, Afghanistan and Iraq and found that 80% of children treated for blast injuries had penetrating head wounds, compared to 31% of adults.[46] When compared with injuries sustain on adult bodies, burns from explosions cover proportionally larger surface areas on children's bodies, raising fatality rates and the risk of permanent disability. Children also suffer from greater long-term physical impacts due to their still-developing bones and tissues, which are more susceptible to growth impairment and deformity following injury.[47] Eye and ear injuries — common in blast injuries in children — have long-term effects, including impacting the child's access to education and employment opportunities in later life.[48] These harms are compounded by the collapse of healthcare systems in many conflict zones. Paediatric treatment is frequently unavailable, and standard adult medical care is not always suitable, leaving children with untreated or poorly managed injuries. Even where children survive initial trauma, lack of rehabilitative support limits their chances of recovery and reintegration into community life.

41 D. GuhaSapir, D. et al., 'Patterns of Civilian and Child Deaths in Syria', *BMJ Global Health,* (2018).

42 Gaza Ministry of Health, *Civilian Casualty Reports,* February 2024.

43 UNICEF, *Gaza: One Child Killed Every 8 Minutes*, March 2024.

44 Save the Children, *Blast Injuries: the impact of explosive weapons on children in armed conflict*, 2019, p. 4.

45 *Ibid*. p. 5.

46 *Ibid*, p. 9.

47 Patel et al., 'Blast Injuries in Children', *Journal of Pediatric Surgery* (2021), 56(5):909–915.

48 Save the Children, *Blast Injuries* (2019), p.12.

In addition to physical injuries, children who survive armed attacks often face severe and lasting psychological harm. They are at increased risk of developing PTSD, depression, sleep disorders, separation anxiety, suicidal and intrusive thoughts, aggression, and withdrawal from social contact.[49]

Recommendations

- Proportionality assessments should account for the foreseeable and differentiated harm to children, (including consideration of longer-term physical and psychological harms) of each attack.
- Arms bearers should proactively incorporate available public health research, age-disaggregated casualty data, and child-specific vulnerability indicators into operational planning, and targeting and collateral damage estimates.
- Where real-time field data is unavailable, parties to the conflict should rely on existing epidemiological research, open-source child protection data, and humanitarian reporting, which should be treated as reasonably available information under IHL when assessing anticipated harm to children.
- Given the heightened lethality of blast injuries in children, the use of explosive weapons in populated areas (EWIPA) must be strictly scrutinised for compliance with proportionality obligations during targeting decisions, considering the well documented epidemiological evidence of the highly increased danger these weapons pose to children (see **EWIPA** below)
- Arms bears should consider the long-term impacts of conflict-related injuries on children's development, education, socio-economic opportunities, and reintegration, including the lack of paediatric care and rehabilitative services available in many conflict zones, within assessments on anticipated harm.
- Arms bearers should ensure that legal and operational doctrine and frameworks explicitly include children as a protected group within the civilian population, who must, at all times, be included in proportionality assessments of anticipated harm, and should develop internal guidance for estimating and mitigating child-specific harm.
- Transparent and accessible review and accountability mechanisms must be established to identify and address unlawful targeting practices with specific indicators on harm to children, including long-term harms, and to reinforce compliance with IHL.

Persons with Disabilities

Civilians with disabilities face heightened and distinct risks during hostilities, making harm to them both foreseeable and disproportionate (when compared with civilians without disabilities) if not accounted for. At least 15% of any civilian population are persons with disabilities, and this proportion **rises significantly in armed conflict**, particularly protracted conflicts.[50] These individuals often struggle to evacuate due to mobility limitations or reliance on assistive devices such as wheelchairs, canes, or hearing aids, which are frequently damaged, left behind, or inaccessible in chaotic situations.[51] Without adequate support, many decide not to flee or are unable to do so—especially those with intellectual or psychosocial disabilities who may not comprehend warnings or the severity of threats. As a result, civilians with disabilities are frequently abandoned by relatives, communities, and institutional staff who evacuate to safety, and remain in high numbers in areas of active hostilities.

49 *Ibid.*,p.12-14.

50 For example, approximately 28% of Syria's population aged over 2years has a disability—nearly double the global average, and this figure increases to approximately 37% in north-east Syria, an area most affected by conflict. ICTJ, *Disabilities in Syria: A 'Hidden' Crisis*, 8 August 2023.

51 Harvard Law School's International Human Rights Clinic and Human Rights Watch, *Compounding Harm: The Abandonment of Civilians with Disabilities in Conflict*, 2022.

Beyond the direct effects of attacks, civilians with disabilities are more vulnerable to the reverberating effects of armed conflict, such as the collapse of medical systems, and other essential services. These indirect effects can be fatal for individuals who depend on uninterrupted access to specialized medications, assistive technologies, and tailored care services. Even partial damage to infrastructure including roads and pavements, can have an acute effect on the ability of a person with a mobility or visual impairment to access services that remain available, cutting off critical lifelines for persons with disabilities.

Recommendations:

- When undertaking proportionality assessments parties to the conflict must explicitly include the foreseeable harms experienced by persons with disabilities, including both direct effects of attacks and the reverberating consequences of damaged infrastructure and inaccessible services.
- Where real-time field data is unavailable, parties to the conflict should base assessments of anticipated harm on the understanding that **at least 15%** of the population will include persons with disabilities—and this proportion will be significantly higher in protracted conflicts.
- Harm assessments and military planning should take into consideration the diverse needs of persons with physical, sensory, intellectual, and psychosocial impairments, including persons with disabilities limited ability to evacuate and heightened dependence on uninterrupted access to assistive devices, health care and medications.
- Where feasible, meaningful consultations with representatives of local organisations of persons with disabilities should be undertaken to provide insight into their daily-life patterns, needs and foreseeable harms from damage to infrastructure etc.
- Arms bearers should incorporate disability-inclusive data and analysis into civilian harm tracking mechanisms and require real-time consideration of disability-specific vulnerabilities when authorising or reviewing attacks.

Older persons

Older persons represent a significant and often overlooked component of the civilian population—particularly in conflict zones. Older persons are more likely to remain behind during conflict due to mobility constraints, the perception of being a burden, a lack of resources to evacuate, or a desire to protect family property. They may also be excluded from early warning systems and evacuation efforts, significantly impairing their preparedness and survival. The physically demanding and dangerous nature of fleeing conflict zones often results in older people sustaining injuries or acquiring new impairments, increasing their dependence on family, caregivers, or state services—which are frequently disrupted during and after hostilities. The destruction or degradation of critical infrastructure—medical services, mobility aids, social welfare, heating, and nutrition—exacerbates their vulnerability. This leads to disproportionate mortality and poor health, especially for older persons who are impoverished or living alone.

Empirical data underscores these risks: in Ukraine, older persons represent one quarter of the country's population but accounted for 50% of all civilian deaths and one third of injuries (33%) in 2024.[52] Similar trends are visible in Nagorno-Karabakh and Myanmar, where over half of all civilians killed or injured were older persons.[53] In Darfur older civilians have been left behind or excluded from humanitarian response, leading to higher-scale abandonment and death.[11] These harms should be considered

52 HelpAge International, *The world's oldest humanitarian crisis: Millions of older Ukrainians continue to suffer after three years of war*, July 2025.

53 Amnesty International, *We Had to Run for Our Lives: Older People's Experience of Conflict, Displacement, and Access to Humanitarian Assistance in Nagorno-Karabakh*, 8 February 2022; Human Rights Watch, *No One Is Spared: Abuses Against Older People in Armed Conflict*, 23 February 2022.

to be foreseeable within any meaningful proportionality assessment.

Recommendations

- When undertaking proportionality assessments parties to the conflict must account for the foreseeable harm experienced by older persons, both immediate and reverberating, including loss of access to essential services and the long-term effects of abandonment, which results in heightened risk of poor health and preventable death.
- When assessing foreseeable civilian harm, parties to the conflict, should consider the specific barriers older persons face in fleeing conflict zones— such as mobility limitations, lack of evacuation support, and exclusion from early warning systems— all of which result in older persons having to remain in areas of active hostilities.
- Parties to the conflict, should incorporate demographic data into targeting decisions, recognising that older persons often constitute a significant share of civilian casualties.
- Operational planning should account for the cumulative and amplified impact of infrastructure degradation— such as damage to healthcare, heating, nutrition, and social welfare systems— on the survival and wellbeing of older civilians.

Women and girls

A robust body of public health evidence, consistent across multiple conflicts, shows that certain means and methods of warfare result in increased maternal mortality, obstetric emergencies, stillbirth, and other pregnancy-related harms.[54] For example, exposure to armed conflict has been shown to damage healthcare infrastructure, leading to shortages in skilled birth attendants, emergency obstetric care, and medical supplies. A 2023 study found that in Yemen, only 20% of hospitals are able to provide maternal and child health services, and a woman dies in childbirth every two hours—often from preventable causes.[55] Armed conflict is also associated with chronic stress, heightened maternal anxiety and depression, and reduced health-seeking behaviour, all of which adversely affect foetal development and maternal health.[56]

Epidemiological evidence indicates that conflict is associated with 36.9 additional maternal deaths per 100,000 live births compared to peacetime, with an estimated 300,000 excess maternal deaths globally between 2000 and 2019.[57] In Sudan, spikes in maternal mortality have been directly linked to attacks on medical infrastructure and displacement of medical staff.[58] Similarly, stillbirth rates have been shown to increase conflict-affected populations, including Libya, Bosnia, and Afghanistan,[59] and a natural experiment in Colombia found that following a ceasefire, stillbirth rates fell.[60] Though evidence on miscarriage is less conclusive, several studies link its increase to maternal stress and diversion of healthcare resources during conflict, such as in Sarajevo and Nagorno-Karabakh.[61]

Gendered-life patterns should also be taken into account when arms bearers assess the foreseeable harm to civilians of a proposed attack. Women and girls, who are often more likely to be at home or in markets during the day, face heightened risks from attacks that affect residential areas or marketplaces. By contrast, men and boys may be less present in these spaces. Failing to account for such patterns can lead to systematic underestimation of civilian harm. Incorporating these realities into proportionality assessments

54 T. McGinn, 'Reproductive Health of War-Affected Populations: What Do We Know?', *International Family Planning Perspectives*, (2000) 26(4), 174–180.

55 UNFPA, *Yemen: The devastating impact of war on maternal health*, 2023.

56 E. Harville, X. Xiong, P. Buekens, 'Disasters and perinatal health: A systematic review', *Obstetric Medicine*, (2010), 3(2), 76–85.

57 P. Wise, et al., 'The political and security dimensions of the humanitarian health response to violent conflict', *The Lancet*, (2021) 397(10273), 2109–2117.

58 Health care in Sudan: Under fire and under-resourced, *The Lancet*, (2023), 402(10398), 379.

59 J. Keasley, J. Blickwedel, S. Quenby 'Adverse effects of exposure to armed conflict on pregnancy: a systematic review.' *BMJ Global Health*, November 2017, 28;2(4)

60 A. Camacho, Stress and birth outcomes: Evidence from terrorist attacks in Colombia, *American Economic Review*, (2008) 98(2), 511–515.

61 L. Kovačević, et al. Perinatal mortality in Sarajevo before and during the war, *European Journal of Obstetrics & Gynecology and Reproductive Biology*, (1995), 64(2), 139–142; M. Hakobyan, et al., Maternal health under fire: Nagorno-Karabakh case study, *Global Public Health*, (2020), 15(9), 1304–1315.

ensures that the assessment of foreseeable harm reflects the actual civilian presence and differing vulnerability. Recognizing how social roles and daily routines shape exposure to attack is essential for a good-faith assessment of what harm is reasonably foreseeable at the time of targeting.

Recommendations

- Proportionality assessments must explicitly include foreseeable harm to women and girls, particularly maternal and reproductive health outcomes, which are well-documented consequences of armed conflict.
- Arms bearers should treat epidemiological and public health research on conflict-affected maternal outcomes—such as increased maternal mortality, stillbirth, and miscarriage—as reasonably available information to under IHL.
- Where real-time field data is unavailable, existing studies, UN health indicators, and conflict-specific gender analysis must inform operational planning and targeting decisions, including proportionality assessments.
- Military decision-makers should adopt a precautionary approach: if reliable evidence shows that a method of warfare has a predictable negative impact on maternal health, such harm must be weighed in the proportionality analysis.
- Arms bearers should ensure that proportionality assessments explicitly consider the foreseeable harm arising from gendered life patterns—recognizing that women and girls are more likely to be present in homes and markets—so that expected civilian harm is accurately assessed.
- Sex- and gender-disaggregated data collection should be institutionalised within targeting review mechanisms, including through legal, intelligence, and medical advisory structures.

Precautions

The IHL rule of precautions obliges all parties to a conflict to take constant care to protect civilians and civilian objects during the conduct of hostilities. This includes taking all feasible precautions both in attack and against the effects of attacks. In attack, parties must do everything practicable to verify that targets are military objectives, choose means and methods of warfare (see below) that minimize incidental harm to civilians, and provide effective advance warnings when feasible. For a warning to be 'effective' it must be timely, specific, actionable and communicated in a manner that is accessible and understandable to the affected population, taking into account factors such as language, literacy levels, age, and disability.[62] The aim is to allow civilians sufficient time and means to evacuate or seek shelter.

Against the effects of attacks, parties must also take feasible precautions to protect civilians and civilian objects under their control, such as avoiding the placement of military sites and materials near civilian areas and evacuating civilians in the vicinity of anticipated attacks.[63] These obligations apply to all phases of military operations and are assessed based on what is practicable in the circumstances at the time, balancing humanitarian and military considerations.

62 ICRC, CIHL Study, Rule 20; Report of the United Nations Fact-Finding Mission on the Gaza Conflict, UN Doc. A/HRC/12/48, 25 September 2009, §§ 510–516, 530–531; OCHA, *Situation Updates on Gaza* (2024–2025); UN Women and UNDRR, *Ensuring the Inclusion of Women and Persons with Disabilities in Multi-Hazard Early Warning Systems* (2022), pp. 8–9.

63 **ICRC, CHIL Study, Rule 22; ICRC, *Commentary on the Additional Protocols of 8 June 1977* (1987), §§ 2238.**

Means and methods of warfare that minimize incidental harm to civilians: a focus on EWIPA

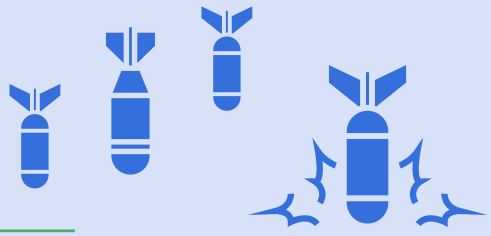
The term **means and methods of warfare** is broad, encompassing weapons, weapon systems, and tactics used in the conduct of hostilities. It includes both the physical tools of conflict—such as bombs, missiles, and artillery—and the ways in which these tools are employed during the conduct of hostilities. For this report, we focus specifically on the use of **explosive weapons in populated areas** (EWIPA), a particularly harmful means and method of warfare that has become prominent in many contemporary conflicts.[64] The use of EWIPA often results in widespread destruction and severe civilian harm, with distinct and disproportionate impacts on different groups within the civilian population, including children, women, men, boys, and persons with disabilities.

The use of EWIPA—including air-dropped bombs, artillery shells, rockets, missiles, and improvised explosive devices (IEDs)— is the leading cause of civilian death, injury, and destruction of civilian infrastructure in todays armed conflicts.[65] When used in cities, towns, or refugee camps, the blast, fragmentation, and wide-area effects of these weapons are indiscriminate, killing and injuring civilians at high rates and damaging homes, schools, hospitals, food stores as well as water and electricity systems.[66] The direct harm of EWIPA, emanating from the heat, blast waves, and fragmentation of the weapons, causes significant internal and external physical injury including severe burns, traumatic brain injuries, and damage to internal organs.

EWIPA also cause serious psychological harm both for individuals who received physical injuries and those who experience the destructive force of the weapons. The use of EWIPA causes long-term reverberating effects—disrupting medical care, education, livelihoods, food and water access, humanitarian aid delivery, and economic recovery.[67] These harms disproportionately affect particular populations, including children, pregnant and postpartum mothers, older persons and persons with disabilities.

While the use of explosive weapons in populated areas is not explicitly prohibited under IHL, their wide-area effects make it extremely difficult to comply with the rules prohibiting indiscriminate and disproportionate attacks, and the obligation to take all feasible precautions to minimize civilian harm. Indiscriminate attacks are those that fail to distinguish between military targets and civilians or civilian objects, particularly when the weapon used cannot be directed at a specific military objective or its effects cannot be limited. Disproportionate attacks are those expected to cause incidental civilian harm that is excessive in relation to the concrete and direct military advantage anticipated. When considering the harm that the use of EWIPA is expected to have on civilians and civilian infrastructure, assessments must include reasonably foreseeable indirect or reverberating effects on particular groups within the civilian population including children, pregnant and postpartum mothers, older persons and persons with disabilities and not only the immediate impact.[68]

The Political Declaration on the Use of the Explosive Weapons in Populated Areas (EWIPA Declaration) is an important initiative that aims to prevent harm to civilians, by committing states to avoid the use of explosive weapons in populated areas. As an overall recommendation states should endorse, implement and support the declaration.



64 However, please note the use of explosive weapons in populated areas must be assessed not only under the obligation to take precautions in attack, but also in light of the fundamental rules of **distinction** and **proportionality**, given their foreseeable effects on civilians and civilian objects

65 ICRC, *Explosive Weapons in Populated Areas*, (2023); Explosive Weapons Monitor, *Explosive Weapons Monitor 2023*, (April 2024); Action on Armed Violence (AOAV), *A Decade of Explosive Violence: The Impact of Explosive Weapons on Civilians 2011–2020,* (May 2021).

66 *See* UN Office for Disarmament Affairs, *Explosive Weapons in Populated Areas*, (2024).

67 *See* Explosive Weapons Monitor, *Explosive Weapons Monitor 2023*, (April 2024).

68 ICRC, *Explosive Weapons in Populated Areas*, 2023.

Children

Children are especially vulnerable to the immediate effects of EWIPA because of their physiology and increased exposure to these weapons during their daily-life patterns, often suffering severe, life-altering injuries or death. Between 2018 and 2022, EWIPA were responsible for nearly half - 49.8 per cent - of the more than 47,500 children killed or maimed across 24 armed conflicts.[69] Children are frequently injured in their homes, schools, or playgrounds—places where they should be protected—by the use of EWIPA, including after attacks, as unexploded ordnance poses an ongoing threat to children, who are more likely to come into contact with remnants of explosives while playing or collecting items. Children are more likely than adults to suffer complex blast injuries, including traumatic amputations and burns, due to their smaller body size and physical vulnerability. Many do not survive long enough to reach medical care. For those who do, injuries are often compounded by the destruction of local health services, further reducing their chances of survival and recovery.[70]

Beyond the immediate blast effects, children experience profound and long-term reverberating impacts from the use of EWIPA. Children with blast injuries often face prolonged recovery, chronic pain, disability, and psychological trauma, including anxiety and post-traumatic stress disorder.[71] The use of EWIPA frequently damages and destroys schools, compromising children's access to education and safe learning environments; the Global Coalition to Protect Education from Attack (GCPEA) reported that from 2020-21 EWIP were used in one-fifth of all recorded attacks that damaged or destroyed schools.[72] EWIPA also results in displacement of civilian populations, disrupting children's education and routines, access to healthcare, and stability—all of which are critical for child development.[73]

Recommendations

- In the exceptional circumstances where the use of explosive weapons in populated areas meet the cumulative obligations of **distinction**, **proportionality** and **precautions**, arms bearers must select means and methods that minimize area effects of these weapons, including precision-guided munitions and appropriate fusing and delivery systems.
- **Arms bearers should integrate child-specific risks** into precautionary assessments, recognising children's distinct physiological and psychological susceptibilities to both immediate and reverberating harm from the use of EWIPA.
- Within proportionality assessments and precautionary measures, arms bearers should **account for the cumulative effects of infrastructure damage** by the use of EWIPA on children's access to essential services, including education, healthcare, and family support, including in contexts of displacement.
- Military training and doctrine should integrate data and case studies on the immediate impacts of EWIPA on children and ensure that legal reviews consider age-differentiated effects.
- Post-strike assessments should disaggregate data by age and include qualitative monitoring of reverberating impacts on children of the use of EWIPA including access to education and health care services.

Persons with disabilities

Civilians with disabilities are more likely to remain in areas of active

69 UNICEF, *Meaningful Action to Prevent the Use of Explosive Weapons in Populated Areas Could Almost Halve Child Casualties*, 14 June 2024.

70 UN Institute for Disarmament Research, *Gendered Impacts of the Use of Explosive Weapons in Populated Areas*, 2024; Save the Children, *Blast Injuries: The Impact of Explosive Weapons on Children in Conflict*, 2019.

71 International Network on Explosive Weapons (INEW), *Blast Injuries: The Reverberating Health Consequences from the Use of Explosive Weapons in Populated Areas*, May 2019.

72 Global Coalition to Protect Education from Attack, *Education Under Attack 2024*, 2025.

73 For further guidance on the protection of education during armed conflict see the Stockholm Manual: Category 2, Chapter 5, Denying Access to Education.

hostilities, as they are abandoned or unable to flee (the same is also true of older persons), and therefore are at higher risk of obtaining a secondary and even tertiary impairment (i.e., physical and psychosocial), and having their existing physical and psycho-social impairments exacerbated.[74] This acquisition of additional impairments and/or exacerbation puts them at higher risk of chronic disease, negative health outcomes, and death, owing to barriers and the need for additional health services and support.[75] Children and older persons with existing disabilities will be at even greater risk.

Civilians with disabilities—both preexisting and newly acquired—struggle to access health care and assistive devices because of the distance, lack of financial means to pay for services and cost of transportation and lack of access to information to a functioning facility that can handle their specific needs.[76] Relatedly, civilians with disabilities are also more reliant on access to electricity to power their assistive devices that allow them to navigate physical and informational environments. With the degradation of infrastructure, civilians with disabilities also face many barriers in accessing food and water distributions, as they are often not prioritized.[77] Additionally, civilians with disabilities are often prevented from and unable to access victim assistance programs due to discrimination that excludes them from utilizing such programming.[78] The ultimate result is that civilians with preexisting and acquired disabilities have a higher likelihood to suffer from the multifaceted direct harm and reverberating effects of EWIPA.

Recommendations:

- In undertaking proportionality assessments and considering precautions to be taken before an attack is launched (if the proportionality assessment is favourable), arms bearers must recognize that the use of EWIPA causes foreseeable and disproportionate harm to civilians with disabilities, including through direct injury, the exacerbation of preexisting impairments, and loss or restrictions of access to essential services.
- Precautionary assessments must include the reverberating effects of EWIPA—such as disruption to electricity, water, healthcare, and assistive technology— all of which have a disproportionate impact on persons with disabilities who are more likely to remain in areas under attack due to mobility barriers, abandonment, or inaccessible evacuation systems.
- Where feasible parties to a conflict conduct should undertake mapping of the civilian population for the number, location, and needs of civilians with disabilities, including infrastructure and services, and the impact of the use of EWIPA. This should be done in cooperation with persons with disabilities and their representative organizations.
- Military doctrine, training, and legal review processes should explicitly address the unique risks EWIPA pose to civilians with disabilities and integrate disability-inclusive civilian harm mitigation measures.
- Post-strike assessments should monitor the effects of EWIPA on persons with disabilities, including barriers to accessing emergency aid, and use this data to inform future operational planning and IHL compliance.

Gender

The use of EWIPA produces particularly severe gender-differentiated impacts due to their wide-area blast effects and the high concentration of civilians inpopulated areas. Male civilians

74 Humanity and Inclusion, *Unshielded, Unseen: The Implementation of UNSC Resolution 2475 on the Protection of Persons with Disabilities in Armed Conflict in Yemen*, (2022), at p. 5-6.

75 OHCHR, Report on the Human Rights Situation in Ukraine: 1 February – 31 July 2022, at §88.

76 Amnesty International, *Excluded: Living with Disabilities in Yemen's Armed Conflict*, 2019, at pp. 26-33.

77 Inter-Agency Standing Committee, *Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action*, 2019, at p. 93.

78 Humanity and Inclusion, *Victim assistance in the context of the use of explosive weapons in populated areas: Recommendations for a future political declaration*, 2016.

are more likely to be exposed to the immediate explosion because of their greater presence in public spaces and perceived combatant roles, while women and girls are affected by the direct and reverberating consequences. Pregnant women face heightened risks from blast waves that can cause pregnancy-related complications, miscarriages, and stillbirths. The destruction of homes, markets, and health facilities further compounds these harms, leading to the loss of livelihoods, disruption of maternal and reproductive health services, and increased unpaid caregiving burdens when male relatives are killed or injured.

In the vast majority of attacks using EWIPA, essential civilian infrastructure—such as healthcare facilities, water, sanitation, and electricity— is damaged or destroyed, deepening existing barriers to survival and recovery for women and girls.[79] Displacement caused by the destruction of housing often forces families into informal settlements, where women and girls face increased risks of sexual abuse and gender-based violence.[80] The destruction of schools exacerbates gender disparities in education and exposes children—particularly girls—to risks such as early marriage and recruitment into armed groups.[81] Thus, while men tend to suffer more from the immediate physical impact of EWIPA, women and girls suffer the prolonged burden of systemic harm, reinforcing and magnifying existing gender inequalities.

Recommendations

- Arms bearers must incorporate gender-sensitive analyses into targeting decisions including proportionality assessments and precautionary measures, recognising the differing patterns of harm EWIPA cause to men and women.
- Military training and doctrine should integrate data and case studies on the gendered impacts of EWIPA and ensure that legal reviews consider gender-differentiated effects.
- Post-strike assessments should disaggregate data by sex and age and include qualitative monitoring of reverberating impacts on gender-based violence, caregiving burdens, and access to services.

Effective warnings

In accordance with IHL, parties to an armed conflict are required to provide the civilian population with effective advance warning of attacks that might impact them, 'unless circumstances do not permit'.[82] This exception applies only when giving a warning would jeopardize the success or security of the attack or is rendered impossible by the immediacy of combat. It is an obligation of feasibility, meaning that warnings must be given whenever practicable in light of available means and within the given situation at the time. 'When circumstances do not permit' is to be interpreted narrowly—warnings may only be withheld when truly necessary for military reasons, not for convenience or efficiency.[83]

Even if an effective advanced warning is issued, persons who do not or cannot flee are still protected from attack under IHL (please see **Evacuation** below for discussion of why some groups are unable to flee). For an advance warning to be deemed 'effective' it must reach the maximum number of civilians possible and provide them with enough time to act upon the warning.[84] The criteria for determining whether an advance warning is 'effective', or not, are particularly important for civilians with disabilities, children, older persons and ethnic minorities who face various communication barriers and barriers to fleeing the areas under attack.[85]

Children

Failure to ensure that warnings are accessible, understandable and actionable for children can result in

79 Explosive Weapons Monitor, *Patterns and Consequences of Explosive Violence*, 2024.

80 *Ibid.*

81 *Ibid.*

82 API, Art.57(2)(c).

83 ICRC, Commentary to API, Art. 57(2)(c).

84 ICRC,CIHL Study, Rule 20; Report of the United Nations FactFinding Mission on the Gaza Conflict, UN Doc. A/HRC/12/48 (2009).

85 Human Rights Watch, *Syria: Children with Disabilities Left Unprotected*, September 2022.

higher rates of death, injury, or trauma, as well as separation from family and caregivers.[86] For warnings to be effective for children, parties to an armed conflict must consider children's unique developmental needs as well as the particular needs of unaccompanied children and children with disabilities. Children often lack the ability access warnings owing to lack of literacy, and/or not having access to communication devices, as well as inability to interpret abstract warnings or respond quickly without adult guidance, and they may be at school, alone, or in institutions when warnings are issued. Standard alerts—such as sirens or radio announcements—are not always accessible or comprehensible to children and may cause them to panic and seek shelter in an unsafe area.

Recommendations

- **Where it is feasible to provide warnings before an attack, arms bearers should use child-appropriate communication formats**, such as Easy Read, pictograms, illustrations, and Simple Language tailored for different age and cognitive levels. Warnings must include clear explanations of evacuation procedures.
- **Where feasible arms bearers should employ multiple channels** to disseminate warnings, such as via school announcements, community centres, radio broadcasts, children's TV, mobile alerts, text messages, and local youth networks—especially where children gather or rely on caregivers. Where feasible arms bearers should seek to **coordinate with child protection actors** such as humanitarian child protection services, schools, and child-friendly spaces to ensure warnings reach children through channels they trust and access regularly.
- The warning must **provide adequate time for children to evacuate**. Arms bearers must take into account that children may be slow to respond and reliant on family or caregiver assistance to flee.
- Arms bearers should **embed child considerations into planning and training**, including by integrating case studies and real-world examples of how children experience warnings (or fail to), into military training and doctrine to ensure precautionary measures account for children's needs.
- Arms bearers must **monitor and evaluate warning effectiveness including by** collecting age-disaggregated casualty data and tracking outcomes of warning efforts on children.

Minority groups

A significant yet often overlooked challenge is ensuring that warnings are communicated effectively to linguistic minorities who may be left uninformed or unable to respond appropriately if these communications are only issued in the dominant language. Little research has been carried out on the impact of lack of linguistically representative warnings, however recent reports from Israel shows that warnings are not consistently available in minority languages and this plausibly increases risk to civilians. In Israel, warnings via mobile-phone alerts (the automatic messages that pop up on phones)[87] are sent only in Hebrew, with no built-in translations or links to translations, thereby denying thousands of non-Hebrew speakers access to these life-saving warnings, including Arabic, Russian, English and Amharic speakers—groups that include Arab/Bedouin citizens and many migrant workers.[88] Separate from language, multiple reports document unequal siren coverage and shelter access in Bedouin communities, which compounds the risk when warnings are not linguistically accessible.

86 ICRC,Beyond the Rubble: eight overlooked ways that urban warfare is affecting children, August 2022.

87 It should be noted that the Israeli Home Front Command app supports Arabic Russian and English but it is opt-in; people relying only on the universal push alerts still get Hebrew-only messages.

88 The Association for Civil Rights in Isreal, 'Make Home Front Command Messages Accessible in Arabic, English, Russian and Amharic, 17 June 2025; Times of Isreal *Minister says Haredim, Bedouin missing rocket warnings due to IDF reliance on phones*, 13 October 2023.

Recommendations

- Where it is feasible to provide warnings before an attack, arms bearers should ensure warnings are issued in all relevant minority and local languages and be to all communities at risk, including linguistic minorities, migrants, and non-native speakers.
- Arms bearers must consider overlapping vulnerabilities where language barriers coincide with structural inequities, such as inadequate siren coverage or limited access to shelters. In such cases, special measures should be taken to ensure minority-language speakers receive and can act upon warnings in time.
- Arms bearers must monitor and evaluate the effectiveness of warnings by assessing their reach among minority-language populations, including via collecting disaggregated data and consulting affected communities, and address and identified gaps in language accessibility.

Persons with disabilities

For a warning to be effective for civilians with disabilities the warning must be delivered via accessible communication formats and provide sufficient time for persons with disabilities to flee before the attack. In meeting the communication criterion, the advance warning must account for the diverse nature of disability and the variety of accessible formats necessary to reach civilians with disabilities. For example, formats such as Braille and large print should be used to reach civilians with visual impairments, and sign language or closed captioning to reach civilians with auditory impairments. To reach civilians with intellectual and psychosocial impairments, Easy Read and/or Plain Language formats and illustrations should be used to convey complex messages (e.g., evacuation procedures, shelter locations, etc.).[89] Additionally, multiple notification methods should be used, including text and audio messages, emails, radio, television, social media platforms, and other innovative uses of technology to reach all civilians with disabilities.[90]

In meeting the time criterion, the advance warnings must consider and account for the fact that civilians with disabilities are likely to need more time to flee because they require assistance from others, the physical environment is inaccessible, they do not have rapid access to their assistive device, or they may not fully understand the circumstances.[91] For example, civilians with mobility impairments may not have access to assistive devices forcing them to rely on the help of others; the assistive device, such as a heavy wheelchair, may be too cumbersome to permit fleeing in a short-time window; and even when an assistive device is available the lack of accessible features in a building (e.g., ramps or elevators) causes a significant delay in leaving.[92] In the case of civilians with intellectual and psychosocial impairments, they may not be aware of or fully understand the situation and require more time to process and act on the advance warning, and may still require the assistance of a caretaker or support staff to flee.[93]

Recommendations

- **Where it is feasible to provide warnings before an attack, arms bearers should use accessible and diverse communication formats.** This includes formats such as Braille, large print, sign language interpretation, closed captioning, Easy Read, Plain Language, and pictorial guides to reach persons with visual, auditory, intellectual, and psychosocial disabilities. **Multiple communication channels and technologies—** including text and audio messages, television, radio, email, social media,

89 Committee on the Rights of Persons with Disabilities, *Chapter on situation of persons with disabilities in Ukraine and in countries where they have fled after 24 February 2022, as a result of the aggression against Ukraine by the Russian Federation-to be included in 27th Session Report*, February 2022, at 9(b).

90 UN Children's Fund, *Toolkit on Accessibility: Accessibility in Emergencies*, 2022, p. 55.

91 Human Rights Watch, *Gaza: Israeli Restrictions Harm People with Disabilities*, 8 June 2021.

92 *See* Human Rights Watch, *Submission to the UN Special Rapporteur on the Rights of Persons with Disabilities regarding Persons with Disabilities in the Context of Armed Conflict*, 8 June 2021, pp. 2-4.

93 *Ibid*.

community networks, and assistive technology platforms— should be deployed to maximise reach and accessibility for civilians with disabilities.

- **Sufficient time must be allowed for evacuation,** recognising that persons with disabilities may require additional time due to mobility restrictions, reliance on assistive devices, inaccessible infrastructure, the need for support from caregivers, or difficulty understanding the warning and its implications.
- Where feasible, arms bearers should coordinate with organisations of persons with disabilities and community networks to identify and reach persons with disabilities, tailor warnings to individual needs, and ensure inclusive warnings and evacuation planning.

Older persons

Older persons are often unable to flee an area under attack due to inaccessible warnings and insufficient time to act upon warnings on an impending attack. The UN Special Rapporteur on the rights of older persons has documented firsthand accounts from Lebanon in which civilians received only a ten-minute warning via smartphone before an attack struck their vicinity.[94] This short timeframe to evacuate is insufficient for older persons, who may not regularly check their phones—if they have one at all—and who may require assistance to leave their homes and seek shelter. Older persons living in high-rise buildings are particularly vulnerable when power outages disable elevators, leaving those with mobility limitations trapped above ground level.

Older persons are less likely to own or operate smartphones or use social media, therefore warnings issued solely in digital formats are often inaccessible to older persons. While not all older persons are digitally excluded, a significant proportion continue to rely on analogue sources of information. The exclusive use of digital communication for early warning systems therefore risks excluding a large number of older persons.

Recommendations

- **Where it is feasible to provide warnings before an attack, arms bearers should ensure clarity and simplicity in warning messages,** using plain language, clear visuals, and culturally appropriate terminology and void complex or technical instructions that may not be accessible to older persons. Arms bearers should not **assume that all civilians within the affected population have digital access.** Alternative low-tech or analogue methods (e.g. door-to-door alerts, public address systems) should be used in parallel to digital formats.
- For the warning to be effective for older persons, reasonable time must be provided between the warning and the attack to allow for older civilians, who may have mobility restrictions, require assistance from caregivers, or need time to prepare medications, and mobility aids, to flee the area.

Evacuation

Evacuations are a precautionary measure both against the effects of hostilities and in the conduct of attacks. Civilians may be evacuated from areas where hostilities are expected in order to protect them from harm, and parties to a conflict are required, as far as feasible, to remove civilians under their control from the vicinity of military objectives to reduce the risk of incidental harm. However, it must be noted that evacuations cannot be forced in an arbitrary manner. Displacement of civilians is only permissible under IHL in very limited circumstances, namely when it is necessary for the security of the civilians themselves or for imperative military reasons, and even within these conditions it must be temporary and carried out with respect for their dignity

94 Information provided directly by the UN Special Rapporteur for this report.

and right to return once the danger posed has passed.[95]

Persons with disabilities

Evacuations that are taken as a precautionary measure can be an effective method to ensure the protection of a civilian population. However, for civilians with disabilities, evacuation processes and procedures are generally inaccessible, requiring them to leave behind their assistive devices and be reliant on the support of others to evacuate and access shelters.[96]

Even when evacuations processes are available, civilians with disabilities often decide to remain because of concerns about the inaccessibility of transport and shelters, as well as the uncertainty as to whether the conditions to which they will be evacuated will sufficiently meet the specific needs of their disability.[97] Indeed, it is reported that most shelters are not equipped to for the needs of civilians with disabilities.[98] Additionally, civilians with disabilities report being prevented from evacuation through fear that assistive devices that they are dependent on cannot be evacuated with them or maybe damaged in the process. This is a particularly acute fear in protracted conflicts where the likelihood of devices being repaired or replaced is slim.

Civilians with disabilities who do want to evacuate are at times left behind by family, friends, and support staff, or ask to be left behind through concern of being a 'burden'.[99] Research demonstrates that when civilians with disabilities remain – whether voluntarily or not - they are at significant risk of being injured or killed.[100] Moreover, when civilians with disabilities are able to make it to the evacuation areas, the services and protective measures (e.g., camps, bunkers, or bomb shelters) are very often inaccessible to them, placing them at continued risk of further injury or death.[101]

Recommendations

- **Evacuation procedures and shelters must be inclusive and accessible to persons with disabilities**. This includes, where feasible, **providing accessible transport options,** including vehicles adapted for wheelchairs and space for assistive devices, to ensure that civilians with disabilities are not forced to evacuate without essential mobility or medical equipment.
- **Shelters and evacuation sites should be physically accessible** and equipped with necessary support services (e.g., medical care, accessible toilets, and ramps).
- **Arms bearers should communicate evacuation procedures and shelter conditions in multiple accessible formats**, including sign language, large print, Easy Read, and audio formats, to enable civilians with different impairments to make informed decisions.
- Where electricity disruptions may result in elevators becoming out of service feasible alternatives to ensure safe evacuations for persons with mobility impairments, such as manual assistance or portable ramps, should be prepared in advance as part of precautionary measures against the effects of an attack.
- In considering precautionary measures, **arms bearers should avoid assumptions about civilians with disabilities choosing to remain;** instead, they must proactively ensure assistance and protection are available, especially for those at risk of abandonment or isolation.

95 GC (IV), Art 49; APII, Art 17; ICRC, CIHL Study, Rule 129.For guidance on the legality of an evacuation see the Stockholm Manual, cCategory 3, Chapter 3.

96 International Disability Alliance, *The situation of persons with disabilities in the context of the war of aggression by Russian against Ukraine*, April 2023, p. 25-28.

97 *Ibid*.

98 *Ibid*; OCHA, *Hostilities in the Gaza Strip and Israel: Flash Update #16*, 22 October 2023.

99 Human Rights Watch, *South Sudan: People with Disabilities and Older People Face Danger*, 31 May 2017.

100 Amnesty International, *Persons with Disabilities in Situations of Risk and Humanitarian Emergencies: Submission to the Committee on the Rights of Persons with Disabilities on Article 11*, 2023, p.4.

101 *Ibid*. pp. 5-6.

- Where feasible, a**rms bearers should meaningfully consult with persons with disabilities and their representative organizations** to design inclusive evacuation plans and understand barriers that may prevent safe relocation or shelter access.
- **Arms bearers must recognize the right of civilians with disabilities to remain with their assistive devices and caregivers**, and take steps to ensure these are not left behind during evacuation efforts.

Older Persons

Evacuation procedures often fail to accommodate the specific needs of older persons. Many older civilians lack access to suitable transport to evacuate or find that evacuation sites are physically inaccessible and ill-equipped to meet their health and mobility requirements. Older persons with physical impairments often arrive late at distribution points, only to find that resources are already depleted or they may be excluded from aid due to age-based discrimination, such as being pushed out of queues or deprioritized in favour of younger individuals or larger families. Furthermore, shelters are often inaccessible or unsafe for older people, lacking adequate rest areas, sanitation, and infection control.[102]

Recommendations

- **Evacuation procedures must account for the physical and health-related needs of older persons**, including accessible transport and mobility assistance for older persons with impairments or chronic health conditions. **Where feasible shelters should include** features such as non-slip flooring, handrails, adequate sanitation, seating and rest areas.
- In considering precautionary measures, **arms bearers should avoid assumptions about older civilians choosing to remain;** instead, they must proactively ensure assistance and protection are available, especially for those at risk of being left behind or isolation.
- Where electricity disruptions may result in elevators becoming out of service feasible alternatives to ensure safe evacuations such as manual assistance or portable ramps should be prepared in advance as part of precautionary measures against the effects of an attack.
- **Arms bearers should train personnel to identify and support older persons during evacuations,** including through non-discriminatory practices and respectful, rights-based approaches that uphold the dignity of older civilians.

Children

Evacuation procedures frequently fail to consider the distinct vulnerabilities of children. Across conflict contexts, the lack of child-inclusive planning means that evacuations not only fail to protect children effectively from the immediate effects of armed attacks but may also expose them to additional harm during already life-threatening crises. Evacuation information and procedures are often designed for adults, overlooking the reality that children rely heavily on caregivers to interpret instructions, navigate routes, and access safe transport; resulting in children being left behind or separated from their families.[103] Unaccompanied and separated children face heightened risks of trafficking, exploitation, and recruitment when evacuations are not planned with child protection in mind.[104]

Moreover, evacuation routes and temporary shelters rarely provide conditions that meet children's specific needs. Shelters and transit sites often lack basic child protection services,

102 Information provided for this report by the UN Special Rapporteur on the rights of older persons, April 2025.

103 ICRC, *International Humanitarian Law and the Challenges of Contemporary Armed Conflicts*, 2019.

104 UNICEF, Press Release; *Unaccompanied and separated children fleeing escalating conflict in Ukraine must be protected 2022;* Save the Children, *Stop the War on Children: Gender Matters*, 2020 p.24

such as age-appropriate supervision, safe spaces for play, education and psychosocial support. MSF reports from conflict zones, including Syria and South Sudan, highlight that shelters and transport are frequently overcrowded and adult-oriented, leaving children vulnerable to neglect, abuse, and long-term health consequences, including owing to exposure to preventable diseases.[105]

Recommendations

- Evacuation procedures must be designed and implemented in a manner that recognises and addresses the distinct vulnerabilities and protection needs of children, including unaccompanied and separated children who face heightened risks of exploitation, trafficking, and abuse
- Arms bearers should ensure that children are not left behind in unsafe areas during evacuations due to inaccessible routes, lack of child-appropriate communication, or absence of family members. Evacuation plans should include child-specific guidance, identification systems, and coordination with child protection actors to prevent family separation and ensure safe reunification.
- Arms bearers should ensure that information related to evacuations is age-appropriate, accessible, and available in formats children can understand and act on independently where necessary. Communication should be adapted for children with disabilities and disseminated through channels likely to reach children separated from caregivers.
- Evacuation routes and shelters should account for child-specific spaces, including proximity to schools, recreational areas, and child-friendly service points.
- Where feasible, shelters should provide age-appropriate services, supervision, and psychosocial support to mitigate the trauma children may experience during evacuation and displacement.

Ethnic and religious minorities

Ethnic and religious minorities experience acute additional hurdles when evacuating conflict zones and seeking emergency information, transport and shelter. Language barriers often prevent minority groups from accessing evacuation information, service registries, or critical care because humanitarian messaging and registration systems typically operate in majority languages.[106] Without interpreters or staff who speak minority languages, individuals struggle to articulate evacuation needs or register for assistance. Economic exclusion and lack of official documentation further compound these challenges. Ethnic and religious minorities are more likely to lack the financial means to cover transport to evacuate or to secure housing, and without identity papers or registration documents they may be blocked from official camps or relief programs, leaving them vulnerable to exploitation.

Further, deep-seated mistrust of state authorities and external aid actors—rooted in prior discrimination, forced displacement, or targeting—also limits minority communities' willingness to register for assistance or share information, causing them to opt out of mainstream humanitarian mechanisms entirely. Together, these intersecting barriers—linguistic, socioeconomic, bureaucratic, and psychological—mean that evacuation processes and procedures may unintentionally exclude minority communities.

Recommendations

- Evacuation procedures must be accessible to ethnic and religious minority communities, including through the use of minority languages, interpreters, and culturally appropriate formats.
- Arms bearers should work with trusted local actors, including minority-led

105 MSF, *Out of Sight: The Neglected Impact of Conflict on Children's Health*, 2017.

106 Avis, W. *Challenges religious minorities face in accessing humanitarian assistance*, UK Institute of Development Studies, 2019.

organisations and community leaders, to build culturally informed evacuation plans and ensure inclusive access to shelters, registration, and relief.

- Precautionary measures must account for barriers faced by minorities—such as lack of documentation or prior mistrust of state actors—and be adapted to overcome these constraints without exposing affected individuals to further risk.

Men and boys

Adult males have been denied access to evacuation by placing restrictions on their freedom of movement in many conflict settings, leaving them trapped in areas of active hostilities. Although civilians right to freedom of movement is not absolute, it can only be restricted under specific, limited and temporary conditions. In accordance with IHL, restrictions on movement are permitted for reasons of 'national interest'. Being at the age of eligibility for military service 'is normally considered sufficient grounds for refusal' to leave the country.

However, 'this ground could not justify refusing permission to a person who presents sufficient evidence that they would not be physically or mentally capable of contributing to the military effort' or they can demonstrate that they will not, in fact, serve, for instance by showing that they are entitled to and will invoke an entrenched religious or conscientious exemption under the relevant domestic laws'.[107] Furthermore, the grounds of 'national interests' is not unlimited and must be applied in accordance with other IHL protections. For example, permission to leave a territory cannot be refused in a manner that would violate the prohibitions of adverse distinction,[108] or collective punishment.[109]

IHRL, enshrines the right of 'everyone to be free to leave any country, including his own' however, this right can be limited for reasons of national security,[110] provided that the limitation is lawful, necessary and proportionate. Furthermore, any limitation – or derogation – of the right to freedom of movement should not be based on a person's sex, this may constitute unlawful discrimination.[111]

Under martial law in Ukraine, adult males aged 18 to 60 have been prohibited from leaving the country—unless they meet narrowly defined exemptions (such as serving parents, medical exceptions, or spouses of active-duty personnel) and possess a mandatory military registration document to exit. Such restrictions, based on a person's sex, constitutes a structural barrier: while women and children may evacuate under precautionary protection measures, eligible males are systematically excluded.

The impact is substantial: since February 2022, Ukrainian authorities have detained around 49,000 men attempting to cross borders illegally—approximately 45,000 at informal "greenline" crossings and another 4,000 using forged documents.[112] This form of gender-based exclusion from evacuation is not unique to Ukraine. In Syria, conscription laws and military checkpoints prevented many men aged 18–42 from fleeing, unless they could afford costly exemptions, leaving them trapped in besieged or high-risk areas while women and children were prioritized in humanitarian corridors.[113]

Similarly, in Afghanistan following the Taliban's return to power, many men—especially ethnic and religious minorities or those perceived to be of military age—were excluded from formal evacuation processes despite facing credible

107 ICRC, Commentary to GC IV, Art. 35 (2025), Section C(2)

108 ICRC, CIHL Study, Rule 88; GCIV, Art. 27(3), ICRC, Commentary to GCIV, Art 35 (2025), Section C(2).

109 Collective punishment is defined by two key elements: the imposition of sanctions on a group of people for acts committed by others, and the **p**erpetrator's specific intent to punish that group collectively. GCIV, Art. 33; ICRC, CIHL Study, Rule 103. For example if a besieging force cuts off all access to a town, denying all civilians food, medicine, and escape routes as reprisal for the actions of a few individuals, punishing the entire group indiscriminately with a punitive intent. Collective punishment does not only apply to criminal sanctions but also to 'sanctions and harassment of any sort, administrative, by police action or otherwise' ICRC, Commentary on the AP, § 3055.

110 ICCPR, Art. 4 (derogations) and Art 12 (3) (limitations to freedom of movement).

111 See ICCP, Arts.2,3 and 26; Human Rights Committee, *General Comment No. 27: Freedom of Movement (Article 12)*, UN Doc CCPR/C/21/Rev.1/Add.9 (1 November 1999), §18.

112 Kyiv Independent, "Almost 50,000 Draft-Age Men Detained Trying to Illegally Cross Border Since 2022," 3 May 2024; Law of Ukraine "On Mobilization Preparation and Mobilization," Art. 23 (as amended); Reuters, "Ukrainian Border Guards Helped Draft-Dodgers Flee Country, Police Say," 6 May 2025

113 Human Rights Watch, *Syria: Detained, Tortured, and Denied Asylum – The Plight of Syrian Men*, October. 2019; UNHCR, *Syria Situation: Protection Considerations and Return Risks*, March 2021.

threats of violence, forced recruitment, or persecution.[114] These cases illustrate a broader pattern in which gendered assumptions—treating men primarily as potential combatants—lead to the systematic denial of evacuation and protection for male civilians.

Recommendations

- Arms bearers must ensure that all civilians, including adult men and adolescent boys, are afforded equal protection from the effects of hostilities. Precautionary measures such as evacuation, shelter, and humanitarian access must not be applied selectively on the basis of sex or age.
- Arms bearers should ensure that evacuation corridors and humanitarian transport are accessible to men and boys at risk of harm, including those facing threats of forced recruitment, arbitrary detention, or persecution. Risk assessments must be based on individual protection needs, not gender-based assumptions or stereotype.
- Arms bearers should refrain from using conscription, border controls, or martial law as a means to deny civilian men the right to flee conflict zones when they are not participating in hostilities. Such practices may amount to unlawful restriction of movement under IHL and human rights law and potentially in some circumstances collective punishment.

Women and girls

Evacuations can expose women and girls to heightened risk of gender-based violence and pose significant challenges for those with caring responsibilities,[115] particularly pregnant and postpartum women.

Women and girls face significantly heightened risks of abuse and sexual violence during evacuation from conflict zones and in shelters, due to the breakdown of oversight and protective systems, separation from family and communities, overcrowding, and the absence of gender-sensitive infrastructure. Displacement exposes women and girls to exploitation by armed actors, traffickers, and at times those tasked with providing aid, while limited access to justice, reporting mechanisms, and medical services exacerbates their vulnerability.[116]

In shelters, the lack of privacy, inadequate lighting, and absence of separate sanitation facilities for women and girls increase the risk of gender-based violence, as does the frequent underrepresentation of women in leadership and camp management roles.[117] These risks are so pervasive that some women and girls may choose not to evacuate at all, opting to remain in dangerous conflict-affected areas rather than face the threats encountered during flight or in shelters.[118] This not only puts their safety at risk but also limits their access to humanitarian assistance and protection.

Aside from gender and sexual based violence, pregnant and postpartum women face unique health risks during evacuations, including the stress of evacuation which can increase the risk of pregnancy complications, including miscarriage, stillbirth and preterm birth.[119] Further, postpartum women may struggle with recovery and caring for newborns in unstable evacuation conditions. Evacuation with infants, young children, or while pregnant presents significant logistical hurdles. Pregnant women may have to walk long distances to reach safety.[120] Likewise, carrying essential supplies, food, and water becomes more difficult while also managing the needs of young children or one's own pregnancy. Further, these dynamics have a reported connection to increased

114 Amnesty International, *They Came For the Women: Afghanistan Crisis and Evacuations*, 2021; Refugees International, *Afghanistan's Disappeared: Who Was Left Behind,*" 2022, UNHCR, *Update on the Afghanistan Situation and Humanitarian Corridors*, 2022.

115 Noting, that males and persons who are non-binary that have caring responsibilites will also face challanges during evacuations.

116 UNHCR, *Sexual and Gender-Based Violence Prevention and Response in Refugee Situations*, 2021; *Report of the SecretaryGeneral on ConflictRelated Sexual Violence*, UN Doc. S/2024/292, April 2024.

117 ICRC, *Addressing the Needs of Women Affected by Armed Conflict*, 2022.

118 Women's Refugee Commission, *Preventing Gender-Based Violence in Humanitarian Settings*, 2019

119 N. Nour, *Maternal health considerations during disaster relief,* Rev Obstet Gynecol. 2011;4(1):22-7.

120 Human Rights Watch, *Five Babies in One Incubator: Violations of Pregnant Women's Rights Amid Israel's Assault on Gaza*, January 2025.

anxiety, depression and mental health issues, which are compounded by the psychological burden of separation from support networks and familiar healthcare providers.

Furthermore, evacuations often lead to severe disruptions in essential healthcare services, such as the closure of health facilities, including those that provide maternal care. At least 17 health facilities in Gaza, including primary healthcare centres and medical points, were disrupted by evacuation orders in the first 6-months of 2024.[121] This is particularly concerning given that an estimated 50,000 women in Gaza were pregnant at the time. Evacuation conditions have a documented connection to disease, including reproductive and urinary tract infections due to poor sanitation, lack of menstrual hygiene products. Continuous displacement makes it difficult to maintain regular check-ups and monitor the progress of pregnancies, whilst access to skilled birth attendants and emergency obstetric care becomes limited, increasing risks during childbirth.[122]

Recommendations

- **Evacuations processes and procedures must integrate gender-sensitive protection measures** to prevent and mitigate the heightened risks of abuse and sexual violence faced by women and girls. This includes ensuring safe transportation and **shelters.** For example, by providing adequate lighting, separate and secure sanitation facilities, and privacy measures, as well as the presence of trained female personnel in leadership and oversight roles within evacuation shelters.
- **Arms bearers must ensure that evacuation procedures do not unintentionally deter women and girls from seeking safety.** This includes addressing the specific threats they may face during evacuation and within shelters.
- Evacuation procedures must account for the specific health, logistical, and caregiving needs of pregnant and postpartum women. This includes allowing sufficient time for evacuation, ensuring safe transport options, and facilitating access to essential supplies and maternal health services. Evacuation routes must be planned to minimise physical strain and avoid placing additional burdens on individuals with mobility or caregiving constraints.
- Arms bearers should ensure continuity of maternal healthcare services throughout evacuations, including the protection and operational continuity of facilities providing prenatal, postnatal, and emergency obstetric care.
- Arms bearers must collect and use gender-disaggregated data in the planning of precautionary measures, including evacuations, to assess risks and vulnerabilities, ensuring that services such as health care are available to women and girls (including targeted care for pregnant and postpartum women).

121 UNFPA, *The devastating impact of mass evacuation orders in Gaza on women and girls*, 24 August 2024.

122 *Ibid.*

Conclusion

Embedding Inclusion in the Interpretation and Application of the Rules on the Conduct of Hostilities.

The principles humanity, of humane treatment and the prohibition of adverse distinction are fundamental to IHL provisions, including rules governing the conduct of hostilities. They require that all persons who are not, or are no longer, directly participating in hostilities be treated with dignity, protected from violence, and shielded from discriminatory application of the law. These principles are not aspirational; they are binding safeguards designed to ensure that the protective purpose of IHL is realized in practice. Yet, while the rules on the conduct of hostilities are well established, there remains a persistent failure to operationalize them in ways that reflect the diversity and specific vulnerabilities of civilian populations. Without inclusive interpretation and application, the protective core of IHL risks being undermined, leaving many groups inadequately shielded from the foreseeable effects of hostilities.

Ensuring inclusivity in the application of the rules on the conduct of hostilities means that targeting decisions, proportionality assessments, and precautionary measures must take account of the distinct risks faced by the entirety of the affected civilian population; including children, older persons, persons with disabilities, women, men, ethnic and religious minorities, LGBTQI+ persons and other vulnerable groups. Presumptions that, for example, men of fighting age are combatants and therefore legitimate targets not only contravene the principle of distinction but also breach the prohibition of adverse distinction. Similarly, proportionality assessments must move beyond generic calculations of 'civilian harm' and instead incorporate reasonably available evidence—such as gender- and age-disaggregated data, public health and epidemiological studies, and geospatial analysis—that demonstrate the foreseeable direct and indirect impact, including foreseeable reverberating effects, of targeting decisions on the diversity of the civilian population.

The obligation on arms bearers to take precautions in attack and against the effects of attack can only achieve its protective purpose to limit the harm of hostilities on civilians if implemented in a manner that reflects who comprises the civilian population. Advance warnings, for example, are only 'effective' when they are timely, specific, actionable, and accessible to all civilians, including children, linguistic minorities, older persons, and persons with disabilities. Without tailoring communications to different literacy levels, languages, and physical or cognitive needs, warnings risk excluding these groups. Similarly, precautionary measures such as evacuation processes must be designed with the recognition that not all civilians can move quickly or without assistance. By integrating inclusion into precautionary obligations, arms bearers ensure that feasible measures are not applied in abstract or generic terms, but instead meaningfully reduce foreseeable harm to all segments of the civilian population.

Arms bearers must embed inclusion into military doctrine, training, and targeting guidance (including rules of engagement) as well as weapons reviews. With regards to the use of EWIPA, which should be strictly avoided at all times, arms bearers must assess not only the immediate but also the reasonably foreseeable indirect and reverberating effects of EWIPA on diverse groups within the civilian population, including children, pregnant and postpartum women, older persons, and persons with disabilities. The systematic collection and analysis of disaggregated casualty data is essential to understanding how EWIPA disproportionately harms different groups, and thereby strengthens compliance with IHL obligations of proportionality and precautions.

Ultimately, the consistent failure to reflect the diversity of the civilian population in operational practice does not simply diminish the protective effect of IHL—it risks rendering its safeguards hollow. To uphold the law's object and purpose, arms bearers must ensure that inclusive protection is not treated as a policy preference but as a legal requirement grounded in the principles of humanity, humane treatment and the prohibition of adverse distinction. Only by embedding inclusivity into the interpretation, application, and monitoring of the rules on the conduct of hostilities can IHL fulfil its promise of mitigating human suffering in armed conflict and ensuring respect for the dignity of all civilians.

Health Care

IHL provides robust protection for health care during armed conflict.[123] It includes the protection of medical personnel, facilities, and transports, including hospitals, clinics, and other facilities that provide medical care such as sexual and reproductive health clinics. Persons who are wounded and sick, whether combatants or civilians, are specifically protected under IHL, and must receive, without discrimination, prompt and adequate medical care.[124] The overarching principle is that health care must be delivered based on need alone and protected from the effects of armed conflict.

Medical units and transports may not be attacked except in the very limited circumstances in which they are used to commit acts harmful to the enemy outside their humanitarian function, and only after a warning has been given and ignored.[125] Similarly, medical personnel must be allowed to carry out their humanitarian duties without interference and must not be punished for treating members of the opposing side.[126] Any deliberate attacks on health care services, personnel, or facilities may constitute war crimes. Furthermore, parties to a conflict must take all feasible precautions to avoid harming medical operations and must ensure access to medical care without discrimination. This includes not using medical facilities for military purposes, permitting impartial humanitarian organisations to provide medical assistance and refraining from obstructing access to care for populations in need.[127]

123 For guidance on the application of the IHL rules protecting health care see Stockholm Manual, Category 2, Chapter 4.

124 Common Article 3; GCI Arts 12 and 18; GCII Arts 12 and 21; API Arts. 8-11; APII, Arts 7-8; ICRC, ICRC, CIHL Study, Rules 109-111.

125 GCI, Arts 19 and 21; GCIV, Arts 18 and 19; API, Arts 13 and 13; APII, Art. 11; ICRC, CIHL Study, Rules 28 and 29.

126 GCI, Art 22; API, 13 (2); ICRC, CIHL Study, Rules 25 and 26.

127 ICRC, CIHL Study, Rules 25 and 28.

Despite these robust protections, owing to intentional targeting of medical personnel and objects, and indiscriminate attacks as well as other violations of IHL affecting them, medical personnel are frequently killed or injured and medical objects destroyed or damaged. Leading to the interruption, degradation or cessation of health care services. The impact of interruptions to health care will affect civilians differently. Some, such as persons with chronic health conditions or pregnant women will be more vulnerable to the effects of lack of access to health care. The following sections consider the inclusion of children, older persons, LGBTQI+ persons with disabilities, women and girls within the interpretation and application of IHL provisions governing the protection of health care in armed conflict.

Children

Both IHL and IHRL, notably the UN Convention on the Rights of the Child, provide clear obligations to ensure the protection and care necessary for children's health, including by safeguarding access to healthcare services and medical assistance during armed conflict."[1]Interruptions in access to timely and adequate health care results in elevated mortality and morbidity rates among infants and children, who are uniquely vulnerable due to their developing bodies and immune systems. Conflict-induced displacement further exacerbates these challenges by disrupting continuity of care and restricting access to medical facilities. Furthermore, the scarcity of specialized paediatric care in such contexts often means that injuries and illnesses which could be effectively treated in stable settings become fatal or cause lifelong disabilities.[128]
The physiological impact of inadequate medical care on children differs significantly from that on adults. Children's bodies are still growing, and injuries such as limb amputations have more severe and long-term consequences, affecting physical development and functional capacity.[129]
The chronic shortage of essential medical supplies in Gaza – including anaesthetics, antibiotics, and prosthetic devices—together with attacks against hospitals, medical staff and transports, has severely compromised the ability to provide adequate surgical and rehabilitative care to children, exacerbating preventable morbidity and mortality.[130] The conflict has resulted in a high number of child amputees, approximately 4,000 by the end of 2024, many of whom had to endure surgeries performed without anaesthesia.[131] Most have no access to prosthetic devices and rehabilitation services, further compounding physical and psychological harm, and undermining prospects for recovery and social reintegration.[132]

Moreover, at least 2, 500 children with conflict injuries and pre-existing health conditions such as leukaemia and kidney failure remain on waiting lists for emergency medical evacuation from Gaza because the medical care they need is no longer available locally.[133] Many have died while awaiting medical evacuation, a situation that raises serious concerns under IHL obligations to ensure timely and effective medical treatment for civilians in conflict zones.[134]

The collapse of neonatal care services in conflict settings has led to preventable deaths among newborns, primarily due to shortages of incubators, oxygen, and trained staff. In the Gaza Strip, the total number of available incubators has dropped by approximately 70%, from 178 before October 2023 to approximately 54 incubators currently in service, contributing to increased neonatal mortality.[135] In 2023, neonatal deaths accounted for nearly 50% of under-five mortality in Yemen, a figure directly linked to the destruction of maternal and neonatal health infrastructure and the scarcity of life-saving equipment as a result of conflict.[136]
The disruption of vaccination programmes in conflict settings poses a further grave threat to child health by exposing populations to

128 Save the Children, *Invisible Wounds: The Impact of Conflict on Child Health*, 2022.

129 *Ibid.*

130 World Health Organization, *Medical Supply Shortages in Gaza: Impact on Child Health*, 2023.

131 *Ibid*

132 Handicap International, *Access to Rehabilitation for Amputees in Gaza*, 2023.

133 UNICEF, *Gaza's children face lethal delays in medical evacuation*, 25 October 2024.

134 ICRC, *Access to Health Care and Medical Evacuation in Armed Conflict*, 2023.

135 Médecins Sans Frontières, *Gaza: Premature Babies at Risk Amid Health System Collapse*, 2024.

136 *Ibid.*

preventable infectious diseases. In Yemen, the prolonged conflict has led to the collapse of immunization services, which, according to the WHO, resulted in 6,000 additional diphtheria cases, predominantly among children under 15, alongside measles outbreaks linked to coverage dropping below 50% in many areas.[137] In Gaza, WHO has documented a steep decline in polio immunization —from 99 per cent in 2022 to under 90 per cent by the first quarter of 2024.[138] Similarly, in Sudan, vaccination coverage has plummeted from 85 per cent pre-conflict to 53 per cent in 2023, and in active conflict zones, the coverage has dropped to just 30 per cent.[139] These disruptions to vaccination programs not only contravene the protection of children's health, they also jeopardize broader public health by undermining herd immunity.[140]

Recommendations

- Parties to the conflict must ensure that wounded or sick infants and children receive prompt and adequate medical care, based on need alone and recognising their heightened vulnerability to death and long-term disability due to their developing bodies and immune systems.
- Parties to the conflict should ensure the protection and continuity of neonatal and maternal care, including the provision of fuel and power necessary to operate incubators and life-support equipment. Power cuts affecting neonatal units should be treated as foreseeable harms and included in targeting decisions. All feasible precautions must be taken to avoid contributing to such disruptions to power and fuel supplies that have foreseeable life-threatening consequences.
- Parties to the conflict must ensure that all medical facilities, including those treating children—such as paediatric and neonatal wards, are not used for military purposes.
- Medical evacuation of children with conflict-related injuries or pre-existing conditions must be rapid and facilitated to the greatest extent possible, including by removing any administrative or logistical barriers that may delay or obstruct safe and rapid evacuation.
- Parties to the conflict must allow unimpeded humanitarian access to essential child health services, including vaccinations, nutritional care, and rehabilitation. This includes ensuring the safe passage of medical supplies such as antibiotics, vaccines, anaesthetics, incubators, and prosthetics, and removing administrative or logistical barriers that delay or obstruct delivery.
- Parties to conflict must avoid disrupting early-life immunisation programmes and must facilitate access for impartial humanitarian actors to deliver vaccines, recognising that lapses in coverage places children at grave and foreseeable risk of outbreaks of preventable diseases.
- Where feasible, parties to the conflict should ensure that communication around health service access and medical evacuations reaches children and their caregivers in an age-appropriate, accessible format. Messaging should account for the needs of separated or unaccompanied children and those with disabilities, ensuring they are not left behind or denied care due to lack of identification or documentation.
- Arms bearers should integrate child-specific health vulnerabilities into military planning, doctrine, and training, including the long-term consequences of disruptions in vaccination programmes, amputations without prosthetic support, and the psychological impacts of inadequate care.

137 WHO, *Diphtheria Outbreak in Yemen: Epidemiological Update*, Weekly Epidemiological Record, vol. 97, no. 25 (2022).

138 WHO, *Humanitarian pauses vital for critical polio vaccination campaign in the Gaza Strip*, 16 August 2024.

139 UNICEF, *85 per cent of children affected by polio in 2023 lived in fragile and conflict-affected countries*, press release, 24 October 2024.

140 ICRC, *Protection of Children's Health Rights in Armed Conflict*, 2023.

LGBTQI+ persons

Access to health care in humanitarian settings continues to be a significant and overlooked issue for LGBTQI+ populations, especially for individuals living with HIV. Regions affected by conflict frequently face disruptions in medical supply chains, leading to shortages of essential medicines such as antiretroviral treatments. Interruptions to ARV/PrEP/PEP supplies and to hormone (HRT) regimens cause acute health harms, including treatment interruption, resistance risks, and severe physical and psychological distress. HIV-positive LGBTQI+ civilians, especially those displaced, encounter extra challenges, as they may be denied healthcare services because of discriminatory attitudes from medical providers.[141] For example, as a result of the lack of antiretroviral treatments in Venezuela due to the country's humanitarian, political, and security crises, many HIV-positive individuals were forced to flee in search of adequate care, only to encounter further barriers to accessing medication and protection in Colombia.[142]

Additionally, LGBTQI+ persons in humanitarian settings frequently refrain from seeking medical care due to fears of ridicule or denial of services. Discriminatory practices in healthcare, such as perceiving LGBTQI+ persons as 'disease-spreading agents', discourage people from obtaining necessary treatment, ultimately worsening health outcomes.[143] Transgender individuals also face unique healthcare challenges, including barriers to gender-affirming care, the lack of appropriate sanitary products in health care aid distributions, and the rejection of services based on their identification documents not matching their gender identity/presentation.[144]

Recommendations

- Noting that medical care must be delivered based solely on medical need, and without adverse distinction, parties to the conflict must ensure that LGBTQI+ persons, including those living with HIV, have non-discriminatory and unhindered access to essential healthcare and medicines—including ARVs/PrEP/PEP, HRT, STI treatment, emergency contraception and post-rape treatment.
- Parties to the conflict must protect medical personnel, facilities and transports providing LGBTQI+-inclusive services from attack, interference or punishment; permit impartial humanitarian actors to deliver such care; and facilitate safe passage and medical evacuation based solely on medical need, including where identity documents do not match lived gender.
- Arms bearers should ensure confidentiality and data protection in health interactions—prohibit the "outing," harassment, or use of health data for punitive purposes.
- All feasible measures should be taken to prevent discriminatory attitudes and practices in medical services, including training and Standard Operating Procedures (SOPs) sensitive to Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics (SOGIESC), assured availability of gender-affirming care and appropriate sanitary supplies, and accessible feedback/complaints mechanisms for LGBTQI+ adults and adolescents.

Older persons

Older persons in armed conflict settings face disproportionate health risks due to deprioritisation of their medical needs, the breakdown of medical infrastructure, disruption of social support systems, and the inaccessibility of essential medical services. Furthermore, conflict can increase the number of older persons within the civilian population, placing a higher demand on already limited

141 World Bank, *Sexual Orientation and Gender Identity in Contexts Affected by Fragility, Conflict, and Violence*, 2020, p.11.

142 World Bank, *Sexual Orientation and Gender Identity in Contexts Affected by Fragility, Conflict, and Violence*, 2020, p.17.

143 International Rescue Committee Roth, D., Blackwell, A., Canavera, M., and K. Falb, 'Cycles of Displacement: Understanding Violence, Discrimination, and Exclusion of LGBTQI People in Humanitarian Contexts' I, 2021, 26

144 *Ibid.*

services. According to UNHCR, the cumulative effects of displacement, psychological trauma, malnutrition, and exposure to disease result in accelerated ageing, which lowers the threshold at which individuals begin to experience age-related health issues.[145] Older persons often suffer from chronic conditions such as hypertension, diabetes, and cardiovascular disease, which require continuous treatment, yet armed conflict frequently leads to the collapse of primary health care systems and supply chains, negatively impacting sustained care.[146] The destruction of medical facilities, combined with a lack of age-disaggregated data, further marginalises older populations in humanitarian response planning, leaving them largely invisible in emergency health strategies. Across conflict settings older persons often flee without glasses, hearing aids, walking sticks or wheelchairs, resulting in diminished mobility, increased risk of injury, and exclusion from access points for medical care (as well as other humanitarian assistance). In humanitarian shelters and IDP camps, mobility aids—when available—are often ill-fitting or improperly distributed, exacerbating pain, reducing independence, and contributing to the deterioration of health. These compounding vulnerabilities leave older persons at heightened risk of preventable death, prolonged suffering, and social exclusion during conflict and displacement.

Recommendations

- Parties to the conflict must respect and protect medical facilities, personnel, and transport that provide essential health services to older persons, including treatment for chronic conditions and the provision of assistive devices such as canes, glasses, and hearing aids. Facilities that provide, maintain and repair such assistive devices should not be attacked or used for military purposes
- Parties to the conflict should ensure uninterrupted access to healthcare for older persons by facilitating safe passage and humanitarian corridors, including for medications, medical supplies, and assistive devices critical to managing chronic illnesses, disabilities, and mobility impairments.
- Where feasible, parties to the conflict should ensure that communication around health service access and medical evacuations reaches older persons, recognising that older persons may not be digitally literate, by using multiple accessible formats and methods, including verbal instructions and large print.

Persons with disabilities

Civilians with disabilities, including those with acute and chronic health conditions, are heavily impacted by lack of access to health care (including rehabilitation services), whether caused by destruction of a health care facilities, or the surrounding area, lack of medical personal or personal assistance (who may have

145 UNHCR, *Emergency Handbook on Older Persons*, 2021.

146 UNHCR, *Emergency Handbook on Older Persons*, 2021

been diverted to front line duties to treat those injured in the flighting, or fled owing to the hostilities) or pharmacies/rehabilitation centres running out of medication, medical supplies and assistive devices because of blockades or diversion.[147] The loss of access to health care results in persons with disabilities experiencing negative health outcomes, potentially developing secondary impairments or dying.

The loss of health care for civilians with disabilities includes loss of access to rehabilitation services and assistive devices, as well as to the maintenance and repair of those assistive devices, all of which should be included in the treatment of the wounded and sick.[26] Assistive devices for persons with disabilities are considered an extension of their body, allowing them to navigate barriers and fully realize all their rights. It is therefore imperative for the device (e.g., cane, wheelchair, hearing aid, prosthetic, etc.) to be tailored to the specific needs of the individual and that the individual be taught how to use the device properly. In conflict settings, lack of access to physiotherapy, prosthetic centres, and specialty hospitals means civilians with disabilities are left without the devices and rehabilitation to allow them to be independent, making them reliant on the support of others and placing them at greater risk of harm.

Recommendations

- Parties to the conflict should ensure that medical facilities, personnel and transport are respected and protected, including all services relied on by civilians with disabilities such as rehabilitation centres; production, repair, and maintenance services for prosthetics, wheelchairs, canes, hearing aids, glasses and other assistive devices, and specialty medical support services. Such facilities should not be attacked or used for military purposes.
- Where feasible, parties to the conflict should ensure that communication around health service access and medical evacuations reaches persons with disabilities by using multiple accessible formats and methods, including verbal instructions, sign language and Braille, large print and Easy Read.
- Where feasible, arms bearers should conduct a mapping of the health facilities and services (including services for the provision, repair or maintenance of assistive devices) relied on by civilians with disabilities in order to ensure that they are respected and protected in line with IHL. This should be done in cooperation with persons with disabilities and their representative organizations.

Women and Girls

Armed conflict has a severe and multifaceted impact on women and girls' access to health care, particularly maternal and reproductive health. The destruction of health infrastructure, displacement of populations, and insecurity caused by conflict frequently lead to the collapse of essential health services. As a result, women and girls often face increased maternal mortality, higher rates of unsafe abortions, and limited access to family planning and emergency obstetric care. Conflict-related stress, the absence of skilled birth attendants, and the disruption of emergency services further contribute to poor pregnancy outcomes, including miscarriages, stillbirths, premature births, and congenital abnormalities.[148]

Targeted or indiscriminate attacks on health facilities exacerbate these risks and have disproportionately affected vulnerable populations, including pregnant women. In

147 International Disability Alliance, *The situation of persons with disabilities in the context of the war of aggression by Russia against Ukraine*, April 2023, pp. 30-32; Amnesty International, *Excluded: Living with Disabilities in Yemen's Armed Conflict*, 2019, p. 29-33.

148 J. Hedström J, T. Herder, 'Women's sexual and reproductive health in war and conflict: are we seeing the full picture?' Glob Health Action, December 2023, 16(1):21; J. Keasley, J. Blickwedel, S. Quenby, 'Adverse effects of exposure to armed conflict on pregnancy: a systematic review', BMJ Global Health 2017; International Rescue Committee, *The impact of violence against healthcare on the health of Children and Mothers: A Case Study in Three Health Zones in Eastern DRC*, April 2024; UN Women, Press Release War on women – Proportion of women killed in armed conflicts doubles in 2023, UN paints dire picture of women in war, 22 October 2024; UNFPA, Giving birth on Ukraine's front line: How women and medical workers are coping under fire',1 July 2024; H. Phelps, 'The Disproportionate Effects of War and Conflict on Women and Girls', *Georgetown Journal of Gender and the Law* (2023).

regions such as eastern Congo, Gaza and Ukraine, such attacks have led to severe disruptions in maternal health services, leaving women to give birth without basic medical support. In conflict-affected South Darfur, MSF recorded 46 maternal deaths and 48 neonatal sepsis deaths in two hospitals in the first half of 2024 amid widespread service disruption. The fear of military attacks on health facilities also discourages women and girls from seeking care, particularly sexual and reproductive health services.[149] Studies from conflict-affected regions including northeast Nigeria, northern Uganda, Liberia, and Nepal have consistently shown reduced utilization of maternal healthcare in areas experiencing high levels of violence.[150]

Additional barriers such as lack of female medical providers, and the degradation of water, sanitation, and electricity infrastructure further restrict access to care.[151] Health workers, often overwhelmed and understaffed, are unable to prioritize reproductive health in these conditions. Studies have also shown increased adverse pregnancy outcomes linked to trauma, stress, and grief.[152]

Despite the protections afforded under IHL, including the obligation to ensure non-discriminatory access to medical care, restrictive interpretations of medical care and humane treatment provisions have excluded women from critical services, such as abortion for pregnancies resulting from conflict-related sexual violence, and other sexual and reproductive health services.

Recommendations

- Parties to the conflict must ensure that medical services, including maternal and reproductive health care, are protected and accessible

149 MSF, *Sudan: Pregnant women and children dying in shocking numbers in South Darfur,* 25 September 2024; MSF, *'Sudan: A catastrophic lack of protection and assistance in South Darfur',*10 June 2025.

150 R. Chukwuma, 'Armed conflict and maternal health care utilization' *Social Science & Medicine* 228 (2019): 271-279; H., Urdal, and L. Atuyambe, 'A qualitative study exploring the determinants of maternal health service uptake in post-conflict Burundi and Northern Uganda', *BMC Pregnancy & Childbirth* 15 (2015): 18; S. Yaya, 'Maternal health care service utilization in post-war Liberia: analysis of nationally-representative cross-sectional household surveys' *BMC Public Health* 19 (2019): 28.

151 L. Lange, 'Editorial: Maternal health in conflict settings: volume II', *Frontiers in Global Women's Health*, vol. 5, 2025.

152 J., Keasley, 'Adverse effects of exposure to armed conflict on pregnancy, *BMJ Global Health*, vol.2,no. 4, 2017.

to women and girls, in accordance with IHL obligations. This includes refraining from attacks on health care facilities, personnel, and transports, not using these facilities for military purposes and taking all other feasible precautions to prevent incidental harm to medical infrastructure serving civilian populations.

- Parties to the conflict should ensure that pregnant and postpartum women, as well as survivors of sexual violence, are able to access timely and appropriate medical care. This includes enabling safe passage to medical facilities and allowing humanitarian actors to deliver essential supplies and services, such as prenatal care, emergency obstetric care, contraception, and post-rape treatment, without obstruction.
- Parties to the conflict should facilitate, and not impede, the deployment of female medical staff and ensure that female patients can access care in a culturally appropriate and safe environment. This includes taking into account the heightened barriers to care for women and girls in conflict zones and ensuring gender-sensitive responses in the provision of medical assistance.
- In fulfilling their IHL obligations, arms bearers must interpret the principle of humane treatment to include access to comprehensive reproductive health services. This includes ensuring access to services such as safe termination in cases of pregnancy, in line with international legal standards and non-discrimination principles.

Overall conclusions and recommendations on protection of health care

Despite IHL's robust protections for medical care, under-inclusive interpretations of 'wounded and sick' and lack of compliance with these protections, results in many marginalised or vulnerable groups being denied access to medical care. Narrow readings of 'wounded and sick' and 'medical care' often exclude essential medical services—such as sexual and reproductive health care (including access to safe termination in cases of unwanted pregnancy), neonatal and paediatric care, rehabilitation and prosthetics, assistive devices, vaccinations, HIV services (ARVs/PrEP/PEP), hormone therapy (HRT), as well as mental health and psychosocial support.[153] In parallel, patterns of harm linked to the use of explosive weapons in populated areas (EWIPA) and sieges/blockades—including fuel and power cuts that collapse cold chains and life-support equipment such as incubators — are not consistently factored into targeting or operational decisions, leaving children, LGBTQI+ persons, older persons, persons with disabilities and women and girls at heightened risk.

Operationally, medical access and continuity of medical and rehabilitation services are undermined by the obstruction of humanitarian access, the militarisation of medical facilities, punitive treatment of medical personnel, inaccessible communications about services or evacuations, and data gaps that conceal who is being excluded from accessing health care. To overcome these protection gaps, the following recommendations should be considered;

- States, de facto authorities and armed groups should embed inclusion in training and doctrine, integrating case studies and operational data on the health impacts of EWIPA and sieges/blockades on access to health care.

- Standard operating procedures related to the protection of medical care should reflect the age, sex, gender identity, sexual orientation and disability dynamics of civilian populations and include confidentiality safeguards, and strict prohibitions on militarising medical facilities and punitive measures against medical staff.

153 J. Hedström and T. Herder, 'Women's sexual and reproductive health in war and conflict: are we seeing the full picture?', Global Health Action 16(1) (2023) 21; J. Keasley, J. Blickwedel, S.Quenby, 'Adverse effects of exposure to armed conflict on pregnancy: a systematic review' *BMJ Global Health* (2017); WHO, 'Humanitarian pauses vital for critical polio vaccination campaign in the Gaza Strip', August 2024.

- Arms bearers must adopt an inclusive interpretation of their IHL obligations to protect the wounded and sick, and access to medical care, and ensure that medical care is delivered based on need alone. Specifically, 'medical care' must be recognised to include sexual and reproductive health services (including safe abortion in cases of unwanted pregnancy), neonatal/paediatric services, routine immunisation, HIV services (ARVs/PrEP/PEP), HRT, rehabilitation and prosthetics, assistive devices, mental health and psychological support services and immunisations. This can be achieved by ensuring that rules of engagement and standard operating procedures explicitly affirm that the obligation to respect and protect medical personnel, facilities, and transports extends to those providing the full spectrum of health care. This prevents a narrow reading of "medical care" that risks overlooking the diverse health needs of civilian populations in conflict.

  Good practice includes proactive coordination with humanitarian health providers. Establishing communication channels with medical NGOs working in conflict areas, such as MSF, local health authorities, and international agencies can help clarify the range of protected services in each context and avoid inadvertent interference with mobile or specialised clinics. This is particularly important in contexts where services such as reproductive health or vaccinations are delivered outside hospitals via mobile units and may otherwise be overlooked in military planning. Similarly, operational planning should include mapping of health infrastructure with attention to specialised facilities, such as dialysis centres or prosthetics workshops, to ensure proportionality assessments take account of the high civilian reliance on such services. This not only aligns practice with IHL obligations but also helps mitigate civilian harm in the longer term.

  Oversight mechanisms are crucial for accountability and the provision of corrective measures where needed. Civilian harm assessments should ask whether access to comprehensive medical services was disrupted during an operation, and corrective measures should be taken where necessary.

- Arms bearers must protect continuity of care and medical lifelines by ensuring unimpeded humanitarian access; safeguarded supply chains; fuel and power for hospitals, incubators and cold chains.

  Arms bearers should establish clear and predictable procedures for medical convoys, ensuring that relief actors delivering medicines, assistive devices, oxygen, or fuel can move through checkpoints without unnecessary delay. Providing advance notification systems and appointing liaison officers dedicated to humanitarian coordination can further minimise disruptions and prevent misunderstandings on the ground.

  Protecting supply chains is another critical measure. Military planning must avoid targeting transport infrastructure known to carry essential medical goods, and patrols should actively deter looting or diversion of medical shipments. Where supply routes are at risk, arms bearers can agree to temporary ceasefire windows or humanitarian pauses to allow the safe passage of medical supplies into besieged areas.

  Ensuring continuity of power and fuel is equally vital. Arms bearers should refrain from striking power stations or fuel depots that are indispensable to hospitals, mobile or specialised clinics and medical logistics. Where damage is unavoidable, mitigation measures – such as facilitating fuel deliveries for hospital generators or granting humanitarian actors access

to repair teams – is essential to sustain incubators, life support machines, dialysis machines, and cold storage for vaccines amongst others.

- Arms bearers must facilitate safe passage and medical evacuation, with priority based solely on medical need. Unnecessary administrative and checkpoint barriers should be removed and medevac clearances expedited.

  Good practices to achieve this include streamlining checkpoint procedures so that ambulances and medical evacuation vehicles are recognised immediately and allowed to pass without prolonged questioning or delays. Where security checks are unavoidable, these should be carried out in ways that do not compromise patient safety, for example by prioritising rapid inspection protocols and ensuring medical staff remain with patients at all times.

  To expedite authorisations for medical evacuation, armes bearers can establish dedicated clearance channels – such as a hotline or liaison system with humanitarian actors – to process requests quickly and reduce the risk of life-threatening bureaucratic delays. Pre-agreed protocols between military commands and health providers can further ensure that clearances are automatic for certain categories of urgent cases, such as neonatal transport. Accessible communication is equally vital. Medical evacuation arrangements and safe routes should be publicised in formats that all civilians can understand. This may include using radio announcements, pictorial signage, or interpreters for minority languages. For persons with disabilities, visual, auditory, or simplified formats may be necessary to ensure they can access evacuation opportunities on an equal basis.

  Finally, good practice requires that access to medical evacuations be granted without discrimination, except where distinctions are made strictly on the basis of medical need. Armes bearers should make explicit in their operational guidance that undocumented individuals, unaccompanied children, persons with disabilities, LGBTQI+ persons and older persons are entitled to equal protection and medical evacuation rights as all other civilians. Field monitoring and after-action reviews can then assess whether any group was excluded in practice, with corrective measures put in place to close gaps.

- Finally, arms bearers should strengthen assessment and accountability through post-strike and post-operation assessments disaggregated by sex, gender identity, age and disability, complemented by qualitative monitoring of reverberating impacts on access to medical services (e.g., facility functionality, ambulance clearance times, stockouts, maternal/neonatal effects), and use findings to drive remedial measures.

Conflict induced hunger

Conflict-induced hunger refers to situations where armed conflict disrupts access to food, water and essential livelihoods, either as a direct consequence of hostilities or through other tactics such as destroying crops in a controlled manner, blocking humanitarian aid, or displacing populations. IHL prohibits the use of starvation of civilians as a method of warfare, explicitly forbidding attacks on objects indispensable to their survival, including foodstuffs, agricultural areas, drinking water installations, and irrigation works.[154] These protections require that all parties to the conflict allow and facilitate rapid and unimpeded passage of humanitarian relief for civilians in need. Violations of these rules—such as intentionally depriving civilians of sustenance or impeding relief operations—constitute serious breaches of IHL and may amount to war crimes.

Conflict induced hunger is often linked with – or exacerbated – by **siege warfare.** While IHL does not prohibit sieges per se, it strictly forbids using sieges to starve civilians or to deny access to objects such as fuel and medicines that are indispensable for their survival.[155] As per the rules on the **conduct of hostilities,** parties to a conflict must distinguish between combatants and civilians, take constant care to spare the latter from harm, and allow humanitarian relief to reach those in need, even in besieged areas. Failure to uphold these obligations can transform a siege into an unlawful method of warfare.[156]

While conflict induced hunger will negatively affect everyone within the civilian population, some groups will be more vulnerable to its effects and succumb faster. Other groups will be less likely to access nutrition through humanitarian assistance owing to structural or attitudinal barriers. Below consideration is given to the distinct physiological vulnerabilities of children, persons with disabilities and women to inadequate nutrition caused by conflict induced hunger, as well as the distinct barriers that LGBTQI plus persons and migrants face in accessing food assistance in conflict settings leaving them more vulnerable to starvation.

Children

Today, conflict-related hunger is directly claiming infant and children's lives at alarming rates. In Yemen, within the first three years of the escalation in the conflict, an estimated 85,000 infants and children died due to starvation.[168] In Sudan, owing to the ongoing conflict the UN projects that 3.2 million children under five will suffer from acute malnutrition in the next year.[170] In Gaza, as of July 2025, 12,000 children have been identified as acutely malnourished and nearly 1 in 4 of these with SAM, with projections that this figure will significantly rise .[171]

Owing to their physiology infants and children succumb to starvation far faster than adults. While a healthy, hydrated adult can survive roughly 8–12 weeks without food, severely malnourished children may die within 3–6 weeks without treatment, owing to far smaller energy reserves and a higher risk of hypoglycaemia and infection.[157] Disruptions to children's nutrition during critical early years, particularly the 'first 1,000 days' of life, when proper nutrition is essential for brain, immune, and metabolic development, can cause lasting

154 See Stockholm Manuel, Category 2, Chapters 1-3

155 API, Art.51 (2)-(5) and Art.54(1)-(2); ICRC CIHL Study, Rules 53-55; GC(IV), Art.55 and Art.59.

156 ICRC, CIHL Study,Rule 53.

157 Merck Manuals—Consumer Version, Undernutrition, 2025; MSF, *Sudan: Urgent Response Needed Amid High Death Rates and Malnutrition Crisis in North Darfur,* 2024; WHO, Treatment of Hypoglycaemia in Children with Severe Acute Malnutrition, 2023.

epigenetic and structural damage with lifelong consequences.[158]

Further, malnutrition during pregnancy has severe consequences for maternal, foetal and infant health. Child malnutrition often begins in utero, with malnourished mothers likely to give birth to already malnourished infants,[159] who face increased mortality risks - if they survive - and lifelong developmental impairments.[160] Stunted growth in children from food insecurity is associated with delayed cognitive development, poorer school performance and reduced IQ.[161] Conflict situations dramatically increase malnutrition rates among pregnant and lactating women and is associated with adverse impacts on childbirth weight.[162] In Sudan, for example, according to a 2025 nutrition-needs assessment about 3.7 million pregnant and breastfeeding women are in need of treatment for acute malnutrition.[163] In conflict zones where resources are limited mothers often sacrifice their own nutritional needs to feed their children, further compromising their health and ability to breastfeed.[164] Likewise, conflict-induced insecurity limits the availability of health workers and hinders the expansion of nutrition services.

Recommendations

- In accordance with their IHL obligations vis-a-vis all civilians, parties to a conflict must respond to the distinct and urgent vulnerabilities of infants and children to malnutrition and allow and facilitate rapid and unimpeded passage of impartial humanitarian relief operations aimed at addressing malnutrition.
- In circumstances where restrictions to humanitarian relief are necessary for imperative security, verification, or logistical reasons (and only to the extent that such measures do not arbitrarily deny access or undermine the survival of civilians) parties to a conflict must take due consideration to the particular care of the vulnerability of infants and children to malnutrition and the rapid effect it has on their developing bodies.
- The obligation that parties to a conflict must take constant care to spare infants and children (as well as all other civilians) from the effects of hostilities includes effects that contribute to hunger and malnutrition. Therefore, military operations must be planned and conducted with due regard for their potential impact of infant and children's access to adequate nutrition. Special precautions must be taken noting infant and children's particular nutritional needs and vulnerability to starvation in a more rapid period compared to adults.
- Arms bearers must ensure that humanitarian relief directed toward pregnant and lactating women is not impeded, diverted, or militarized. Maternal malnutrition leads to poor birth outcomes, low birth weight, and intergenerational health harms.
- Arms bearers must collect and use operational data to assess the impact of their conduct on infant and child nutrition and adapt tactics accordingly. Commanders must incorporate child vulnerability assessments into operational planning, especially in areas where food insecurity or famine conditions are present. Civilian harm monitoring should include indicators on infant and child nutrition.

158 Victora, C.G. et al., 'Maternal and child undernutrition: consequences for adult health and human capital', *The Lancet,* January 2008.

159 *Ibid ;* R E Black et al, '*Maternal and child undernutrition and overweight in low-income and middle-income countries* (2013) *The Lancet*, pp. 427–451.

160 WN Asferie et al, 'Association Between Maternal Undernutrition During Pregnancy and Newborn Low Birth Weight in Ethiopia: A Systematic Review and Meta-Analysis', (2025) *Maternal & Child Nutrition* 21(3); E. Wilkins et al, 'Maternal nutrition and its intergenerational links to non-communicable disease metabolic risk factors: a systematic review and narrative synthesis' (2021) *Journal of Health, Population and Nutrition* 40:20; JE Lawn, V Flenady et al, 'Stillbirths: rates, risk factors, and acceleration towards 2030' (2016) *The Lancet* 387**,** pp.587–603

161 Dewey KG, Begum K., 'Long-term consequences of stunting in early life', *Maternal Child Nut*ritian 2011;7 (Suppl 3):5-18

162 A. Momeida A, 'The complexities of conflict-induced severe malnutrition in Sudan', *BMJ Global Health*, December 2023, 8(12).

163 OCHA, *Sudan Humanitarian Needs and Response Plan 2025*, December 2024.

164 WHO, Sudan Nutrition Analysis, May 2024.

- Arms bearers must ensure accountability for violations of IHL related to hunger, including violations that impact pregnant and lactating women, infant and children's access to adequate nutrition.

- Using starvation of civilians, including infants and children, as a method of warfare is a war crime under international law. Command responsibility applies to those who order, fail to prevent, or fail to punish violations committed by forces under their control.

Persons with disabilities

Some persons with disabilities will be more vulnerable to the effects of conflict induced hunger because they have distinct nutritional needs or owing to a pre-existing condition they require a specialized diet. For example, persons with dysphagia—a difficulty swallowing that impacts individuals with a wide range of disabilities and medical issues- require food to be in liquid form, have calorie-dense purées, fortified drinks, and other nutritional supplements in a prescribed thickness. Where their dietary needs are not met, persons with disabilities risk starvation, exacerbation of their pre-existing impairment as well as development of a secondary impairment.

Furthermore, persons with disabilities are more vulnerable to conflict-induced hunger owing to the barriers they face in accessing the food. They are often reliant on family, care-givers and community members to assist in the collection and preparation of food and will be without access to food if those support persons are forced to flee owing to the conflict and the person with disabilities cannot flee.[165] Moreover, the inaccessibility of buildings and infrastructure damaged by the hostilities and lack of assistive devices prevent civilians with disabilities from leaving their homes to obtain food.[166]

Recommendations:

- Recognising the distinct vulnerabilities of persons with disabilities to conflict-related malnutrition, including the increased likelihood that they will be reliant on caregivers to access and prepare food, arms bearers must allow and facilitate rapid and unimpeded passage of impartial humanitarian relief operations aimed at preventing or addressing malnutrition of civilians with disabilities within the affected population.
- Arms bearers must take constant care to spare persons with disabilities and other civilians from the effects of hostilities, including effects that contribute to hunger and malnutrition. Military operations must be planned and conducted with due regard for their potential impact on persons with disabilities access to adequate nutrition. Special precautions must be taken noting persons with disabilities increased vulnerability to starvation, for example allowing priority or early passage of food, medicine, assistive devices and caregivers through checkpoints, recognizing the reliance of many persons with disabilities on others for obtaining food.
- Arms bearers must collect and use operational data and civilian harm monitoring to assess the impact of their conduct on persons with disabilities access to adequate nutrition and adapt tactics accordingly.

LGBTQI+ persons

LGBTQI+ persons are at heightened risk of conflict-related hunger due to systemic discrimination embedded in humanitarian food assistance programmes and operations. Food distribution mechanisms frequently rely on traditional family structures that fail to recognize LGBTQI+ led households, resulting in their exclusion. In many cases, LGBTQI+ persons are deprioritized, while those whose

165 Amnesty International, *Ukraine: "I Used to Have a Home,"* at p. 31 (6 Dec. 2022).

166 Human Rights Watch, *Gaza: Israeli Restrictions Harm People with Disabilities*, (3 Dec. 2020).

gender presentation does not align with their identification documents may be denied aid altogether.[167] Reports from the Philippines, for example, highlight instances where LGBTQI+ persons were deliberately excluded or not informed about food distribution programs.[168]

Compounded by family and or community rejection, employment discrimination, and limited access to support services, LGBTQI+ individuals often experience hunger more acutely during crises.[169] Although addressing entrenched discrimination and bringing about positive societal change is well beyond the parameters and purpose of IHL, when considering conflict related hunger, the structural biases and administrative barriers that prevent LGBTQI+ persons' access to assistance to prevent and address conflict induced hunger result in this population being more vulnerable to starvation.

Recommendations

- Recognising the distinct barriers LGBTQI+ persons face in accessing food assistance—including exclusion of LGBTQI+-led or single-adult households, documentation mismatches, and fear of discrimination—parties to the conflict arms bearers must allow and facilitate the rapid and unimpeded passage of impartial humanitarian relief aimed at preventing or addressing hunger among all civilians, including LGBTQI+ persons within the affected population.
- Arms bearers must ensure non-discriminatory access to food assistance for LGBTQI+ persons at checkpoints and distribution points, prohibiting denial or deprioritisation based on sexual orientation, gender identity/expression, or sex characteristics; and accept reasonable alternative identification where documents do not match lived gender; and guarantee confidentiality and protection from harassment for both recipients and aid workers.
- Arms bearers must collect and use operational data and civilian-harm monitoring to assess the impact of their conduct on LGBTQI+ persons access to adequate nutrition and adapt tactics accordingly, including working with impartial humanitarian actors and LGBTQI+ civil society to design safe, accessible distribution modalities and training personnel to prevent discriminatory practices.

Migrants

Migrants—including refugees, asylum seekers, and undocumented individuals—are disproportionately affected by conflict-related hunger, with their vulnerability shaped by factors such as country of origin, migration status, and documentation. During conflicts, migrant populations often face higher job losses and greater income instability than host communities, exacerbating existing financial hardship and limiting access to adequate food. Their often-precarious legal status can also restrict eligibility for government or humanitarian food aid, while fear of detention or deportation may prevent them from seeking assistance altogether.[170]

In volatile environments, even migrants with partial documentation may be reluctant to access public services due to the risk of legal repercussions. According to the World Food Programme, in many conflict zones, migrants and displaced populations face significantly higher rates of food insecurity than host populations, with some studies indicating that up to 70% of refugees and asylum seekers in conflict-affected areas experience moderate to severe food insecurity.[171] These disparities underscore the urgent need for inclusive humanitarian strategies that address the specific risks and barriers faced by migrants in conflict settings.

167 International Rescue Committee, *Cycles of Displacement: Understanding Exclusion, Discrimination, and Violence Against LGBTQI People in Humanitarian Contexts*, June 2021.

168 Humanitarian Advisory Group, *Taking Sexual and Gender Minorities Out of the Too-Hard Basket*, Humanitarian Horizons Practice Paper Series, June 2018.

169 International Rescue Committee, *Cycles of Displacement: Understanding Exclusion, Discrimination, and Violence Against LGBTQI People in Humanitarian Contexts*, June 2021.

170 Mixed Migration Centre, *Misery Beyond the War: Life for Syrian Refugees and Displaced Persons in Jordan and Lebanon*, 2021.

171 WFP, *Global Report on Food Crises 2024*, in partnership with the Food Security Information Network.

Recommendations

- Recognising the distinct vulnerabilities of migrants—including refugees, asylum seekers, and undocumented persons—to conflict-related malnutrition, parties to the conflict must ensure non-discriminatory access to food assistance for migrants at checkpoints and distribution sites, prohibiting denial, harassment, or penalisation based on migration status or documentation; accepting reasonable alternative identification and guaranteeing that aid access is not used for detention or deportation purposes.

- Parties to the conflict should see to collect and use operational data and civilian-harm monitoring to assess the impact of their conduct on migrants' access to adequate nutrition and adapt tactics accordingly, including cooperation with impartial humanitarian actors to design safe, accessible distribution modalities and to mitigate barriers linked to language, documentation, and fear of enforcement.

Overall recommendations on conflict induced hunger

Safe & Unhindered Relief

Humanitarian aid must never be blocked, diverted, or politicised. Starvation may constitute a war crime.

Assess Impact on Food Access

Consider how military actions affect civilians' access to food. Include vulnerable groups in proportionality and precaution decisions.

Special Precautions for Vulnerable Groups

Children, pregnant/lactating women, persons with disabilities, LGBTQI+ persons, and migrants need extra protection.
Plan for specific nutritional needs and access barriers.

Monitor & Collect Data
Track impacts on food access by group (child, maternal, disability, LGBTQI+, migrant).
Use data to adjust tactics and operations responsibly.

- **Guarantee Rapid, Safe, and Unhindered Humanitarian Relief without discrimination.** All parties to the conflict have an obligation to allow and facilitate impartial humanitarian relief operations. Assistance must never be obstructed, diverted, militarised, or conditioned on political, strategic, or military considerations. Deliberate deprivation of civilians' access to relief, including food and nutrition, may amount to the war crime of starvation.

  In fulfilling these obligations, armed bearers must integrate the diversity of civilian populations into all aspects of operational planning and conduct. This requires recognising and addressing the distinct nutritional vulnerabilities and barriers faced by children, pregnant and lactating women, persons with disabilities, LGBTQI+ persons, and migrants.

- **Assess the Impact of Military Operations on Access to Food for all civilians, including vulnerable groups.** Operational planning and conduct of hostilities must incorporate systematic assessments of how military actions – including sieges, attacks on infrastructure, or displacement – affect access to food and nutrition for the civilian population. Distinct vulnerabilities must be considered when evaluating proportionality and precaution.

- **Adopt special precautions for civilians with heightened nutritional needs.** Armed bearers must recognise that conflict-induced hunger does not affect all civilians equally and adopt special precautions to protect groups at heightened risk. Children succumb to malnutrition far more rapidly than adults, while pregnant and lactating women face intergenerational consequences from hunger that harm both mother and child. Persons with disabilities may require specific diets or rely on caregivers and assistive devices to access food, leaving them particularly exposed when support systems collapse. LGBTQI+ people risk exclusion from assistance due to discriminatory distribution practices, and migrants, especially those without documentation, may be deterred from seeking aid for fear of detention or deportation. These distinct vulnerabilities must be anticipated and addressed in operational planning and conduct.

- **Strengthen Civilian Harm Monitoring and Data Collection.** Armed bearers must systematically collect, analyse, and act upon data regarding the impact of their operations on civilians' access to food. Monitoring must include indicators on child malnutrition, maternal health, disability access, LGBTQI+ inclusion, and migrant populations to ensure responsive adjustments to tactics and operations.

Children's Experiences of Armed Conflict and the Inclusive Application of IHL

Children experience armed conflict in ways that are distinct from adults. Their dependence on parents or caregivers, limited mobility, smaller bodies and lack of comprehension of danger significantly increase the likelihood that they will be killed, injured or traumatized during hostilities. In urban warfare in particular, children's patterns of life—concentrated in homes, schools, playgrounds, health facilities, and institutional settings—intersect with the use of explosive weapons, sieges and the destruction of essential services, generating foreseeable and distinct harm. These risks and their long-term impacts have been documented globally across conflict-affected regions, yet civilian protection often remains incomplete with respect to children owing – at least in part - to failure to coherently integrate child-inclusive application and monitoring of IHL.

The protection framework for children in armed conflict has evolved significantly in recent years. There has been a marked shift from an exclusive emphasis on preventing the recruitment and use of child soldiers toward a broader approach centered on protecting children from the full range of conflict-related harms that undermine their rights, development, and well-being. This evolution is reflected in international practice and jurisprudence, as well as in normative instruments such UN Security Council resolutions 1261 (1999) - which defines the six grave violations against children in armed conflict and 1612 (2025) which established the Monitoring and Reporting Mechanism to track violations, - and the *Safe Schools Declaration*, which recognizes and addresses harms affecting education. These developments have strengthened the capacity of monitoring and protection frameworks to capture the multifaceted, psycho-physical dimensions of harm inflicted on children in armed conflict but significant gaps remain.

Children are not simply 'small adults': their anatomy, physiology and stages of development render them uniquely vulnerable to blast, burns and other conflict-related injuries. The same explosive devices designed to wound an adult combatant can more easily kill a child, who typically has lower body weight, a thinner abdominal wall and proportionately larger solid organs, and who can tolerate far less blood loss. Explosive weapons with wide-area effects therefore produce higher mortality and more complex injury patterns in children, including multiple traumatic injuries, penetrating head wounds and burns that affect a proportionally greater surface area of the body and are more likely to lead to death, serious injury, and permanent disability.[172] Because their bones and tissues are still developing, children who survive blast and other injuries often face life-long physical impairment and require repeated surgeries, prosthetics and rehabilitation over many years.[173]

These direct physical harms are compounded by the collapse or disruption of essential services. Children are more rapidly affected by the loss of safe water, sanitation, electricity, pediatric and neonatal care, vaccination programmes and nutrition services than most adults.[174] Children with disabilities—whether pre-existing or conflict-induced—face heightened barriers to accessing health care and rehabilitation and are at increased risk of stigmatization and exclusion.

The psychological and social impacts of armed conflict on children are equally profound.

172 OCHA, *Explosive Weapons in Populated Areas: Effects on Children*, 2021; ICRC, *Explosive Weapons with wide area effects: A deadly choice in populated areas*, 2022; Save the Children, *Blast Injuries: The Impact of Explosive Weapons on Children*, 2019.

173 Save the Children, *Blast Injuries: The Impact of Explosive Weapons on Children*, 2019.

174 ICRC, *Childhood in Rubble, The Humanitarian Consequences of Urban Warfare for Children*, 2023.

Exposure to bombardment, displacement, family separation, detention of caregivers, disappearance, and the persistent threat of violence can result in toxic stress that disrupts brain development and has long-term consequences for mental and physical health.[175] Children commonly experience anxiety, depression, grief, behavioral changes, sleep disturbance, nightmares and thoughts of self-harm. In most contexts, however, mental health and psychosocial needs are poorly understood, carry stigma and are not adequately addressed in emergency responses or recovery planning, including by donors.

Globally, children's access to education continues to be severely affected by conflict. Schools are attacked, incidentally damaged, occupied for military purposes or rendered inaccessible by insecurity, explosive remnants of war or damaged transport and infrastructure. Teachers and students may be killed, injured, or displaced, and families may keep children at home for fear of recruitment, abduction or sexual violence on-route to school.[176] Even when schools remain open, the quality of education may deteriorate owing to shortages of staff, learning materials and safe facilities. Loss of education has long-term consequences for children's development and socio-economic prospects, and its impact is often gendered and intersectional, with girls, children with disabilities and displaced children often the first to be excluded from education.[177]

Children are exposed to specific risks during evacuations and displacement. Evacuation procedures and early-warning systems are frequently designed with adults in mind, overlooking the reality that many children cannot read, do not have access to communication devices and rely on caregivers to interpret and act on warnings. Where warnings are not child-appropriate, or do not allow sufficient time for evacuation of infants and children, children suffer foreseeable harms including death, injury, separation from families and heightened exposure to exploitation, trafficking and recruitment during flight and

175 Save the Children, *The War on Children: Time to End Violations Against Children in Armed Conflict*, 2018; War Child (Holland) , *Psychosocial Supoort in Emergencies: Critical for Syrian Children*, p.10-13.

176 GCPEA, Education Under Attack, 2024, p.17-18.

177 GCPEA, Education Under Attack, 2022, pp. 32-35 and 40-42.

in temporary shelters. Unaccompanied and separated children are at particular risk.

Recruitment and use of children by armed actors remains a pervasive violation of international law.[178] Children are used in a wide variety of roles— as fighters, porters, domestic work, cooks, messengers, spies, checkpoint guards, and for sexual abuse and exploitation . The child may be coerced into the role via threat of violence, or driven by poverty, displacement, lack of education, ideological pressure and insecurity. Girls often face heightened risk of sexual violence, forced marriage and rejection on return, while boys may be detained, tortured or prosecuted for their association with armed actors, rather than recognized as victims. Children who are forced to commit acts of violence against their communities face acute stigma and ostracization, and may be unable to reintegrate, increasing the risk of re-association with armed actors.

A further neglected issue is the detention of children in conflict settings. Today, States and armed non-State actors, hold thousands of children in detention,[179] often unlawfully. The reasons for detention vary. Children may have been born in detention by detained women or girls, or be held with a detained parent or caregiver. Some are detained as punishment for alleged association with armed groups or for allegedly posing a security threat - despite international law recognising them as victims who should receive rehabilitation support as child survivors. Inadequate age-assessment procedures—especially where birth registration is limited—also leads to wrongful detention of children.

Most often children are detained in facilities that are not suitable. Children are held with unrelated adults, lack access to education, family contact and adequate health care, and face heightened risk of sexual violence, torture and other ill-treatment. During hostilities damage to detention infrastructure, disruption of supply chains, and reduced staffing can worsen conditions and impede monitoring of detention conditions (both formally by organisations such as the ICRC but also by family and community members), increasing the risk of harms to child detainees.

International humanitarian law and international human rights law together provide a robust framework for protecting children in armed conflict. Under IHL children are entitled to special respect and protection and must receive the care and aid they require, including continued access to education, health care and family unity, evacuation from areas of hostilities where necessary, and special safeguards when detained. International human rights law, particularly the Convention on the Rights of the Child and its Optional Protocol on the involvement of children in armed conflict, complements and reinforces IHL by requiring States to take all feasible measures to protect and care for children affected by conflict, to prevent their recruitment and use in hostilities, and to ensure their recovery and reintegration. An inclusive reading of IHL therefore requires that these obligations be applied in a mutually reinforcing manner and that the best interests of the child be a primary consideration in all decisions affecting them, including military operations and humanitarian response.

Gaps in the interpretation, application and monitoring of IHL

Under-recognition of child-specific foreseeable harm in proportionality assessments. Despite extensive evidence of children's distinct physiological and developmental vulnerabilities, proportionality assessments often treat expected civilian harm as homogeneous or undifferentiated, leading to systematic underestimation of anticipated harm to children. The heightened lethality of blast, burns and infrastructure disruption for children, and the long-term effects on their health, development and rights, are rarely factored into proportionality assessments, nor post-strike reviews.

178 UN Secretary-General, *Report of the Secretary-General on Children and Armed Conflict*, UN doc. S/2025/247, 19 June 2025. Note that the Optional Protocol to the CRC (OPAC), establishes 18 years as the minimum age for compulsory recruitment by States and any recruitment by armed groups. Under IHL (API, Art.77(2), APII Art. 4(3)(c)) as well as under the Rome Statute (Arts. 8(2)(b)(xxvi) Arts. 8(2)(e)(vii), the prohibition applies to the recruitment and use of children under 15 years in hostilities.

179 Special Representative of the UNSG reports that in 2024, 3,018 children were detained for their actual or perceive association with armed actors, Summary of Annual Report 2024, p.3. See also ICRC, *Children in Detention*, 2014.

Insufficient integration of child-focused data and public health research. Civilian-harm tracking and operational planning seldom make systematic use of age-disaggregated casualty data, epidemiological research on blast effects, or child-specific vulnerability indicators, even where such information is reasonably available. This perpetuates data gaps on child casualties, disabilities, mental health impacts, displacement, malnutrition and loss of education, and weakens the ability of parties to conflict to take constant care to spare the civilian population, including children, as per their IHL obligation.

Inadequate precautions in relation to warnings and evacuations. Where it is feasible to provide warnings, they are often not adapted to children's cognitive or linguistic capacities and are issued through channels inaccessible to them. Evacuation procedures often fail to maintain family unity or to identify and protect unaccompanied and separated children. This not only undermines the protective value of warnings and evacuations but can expose children to new harms, including separation, exploitation, trafficking, and recruitment.

Neglect of long-term and reverberating effects on children. Militaries' assessments of anticipated harm tend to focus on immediate deaths and injuries, overlooking foreseeable reverberating effects that disproportionately affect children—such as the collapse of pediatric and neonatal care, disruption of immunization programmes, increased risk of disease and malnutrition, and long-term interruption of education. These foreseeable reverberating effects are well documented yet insufficiently integrated into the application of IHL rules on the conduct of hostilities, operational planning and post-conflict recovery measures.

Insufficient protection from recruitment and use. Although IHL and human rights law prohibit the recruitment and use of children in hostilities, gaps in national legislation, age-verification systems and monitoring mean that many children remain at risk of recruitment by both State and non-State actors. Children associated with such forces are often treated primarily as security threats rather than as victims entitled to protection and support.

Inadequate attention to deprivation of liberty and conditions of detention Children continue to be detained in armed conflict under legal regimes that were not designed with their rights or developmental needs in mind. Under both IHL and human rights law, the detention of children is permissible only as a last resort, in exceptional circumstances, and for the shortest appropriate period of time.[180]

Monitoring and accountability deficits. Many monitoring mechanisms do not systematically disaggregate data by age and sex or include indicators capturing the full spectrum of harms children experience during armed conflict, including psychosocial, educational and developmental impacts. Where grave violations are documented, children's perspectives are not always integrated into accountability processes, and remedies for child victims remain limited.

Recommendations for closing protection gaps

1 *Integrate child-specific vulnerabilities into targeting and proportionality assessments*

- **What** Arms bearers must ensure that targeting and proportionality assessments, as well as post-strike reviews, explicitly account for children's distinct vulnerabilities to harm during and in the aftermath of hostilities.
- **How:** Arms bearers should use age-disaggregated casualty data, epidemiological research on blast and burn injuries, and child-specific vulnerability indicators when estimating anticipated civilian harm, including reverberating effects; and ensure that legal advisers and commanders are trained to identify child-specific harm within proportionality assessments.

180 ICRC, CIHL Study, Rule 135, APII, Art. 5(1); GCIV, Art 76; and CRC Art. 37(b). In IACs children with POW status are protected under GCIII and API and cannot be prosecuted for taking part in hostilities, while child civilians that are detained are protected under GCIV and API. In NIACs child detainees are entitled to protection under Common Article Three and APII. Customary law, including CIL Rule 135, will apply to children detained in IACs and NIACs, as well as fundamental human rights protections.

2 *Strengthen precautions in attacks involving explosive weapons in populated areas*

- **What:** Arms bearers and those undertaking civilian harm monitoring should apply heightened scrutiny to the use of explosive weapons with wide-area effects in populated areas in light of their well-documented disproportionate impact on children.
- **How:** Arms bearers must avoid the use of explosive weapons in populated areas and give preference to means and methods of warfare that are precise and have the smallest area effects; consider the cumulative impact of damage to infrastructure and services (health, water, electricity, education) on children; and embed child-focused scenarios into training, simulations and rules of engagement.

3 *Make warnings and evacuations child-appropriate and accessible*

- **What:** Arms bearers should design and implement warning and evacuation measures that are accessible, understandable and safe for children, and that maintain family unity.
- **How:** Use multiple, child-friendly communication formats (simple language, pictograms, audio-visual messages) and channels that reach children where they are, including schools, community centres and child-friendly spaces; allow sufficient time for caregivers to evacuate with children and for children with disabilities to move to safety; embed identification and reunification procedures in evacuation plans; and coordinate with child-protection actors to ensure that unaccompanied and separated children are rapidly identified and protected.

4 *Safeguard children's access to health care, nutrition and rehabilitation*

- **What:** Parties to conflict must ensure that children, including infants, children with disabilities and those with conflict-related injuries, receive timely, appropriate and continuous medical care and nutrition.
- **How:** Protect pediatric and neonatal services, including power and supplies for incubators and life-support equipment; facilitate rapid medical evacuation for children whose essential care is not available locally; protect the continued implementation of vaccination programmes; ensure access to prosthetics, physical rehabilitation and mental-health and psychosocial support for child survivors of injury and trauma; and systematically assess the impact of military operations on child health and nutrition in operational monitoring and reporting.

5 *Prevent and protect children from recruitment and use by armed actors*

- **What:** States, armed non-state actors and the international community as a whole, must prevent recruitment and use of all persons aged under 18 by State and non-State armed actors, and ensure that children associated with armed forces or groups are treated primarily as victims.
- **How:** States must adopt and implement legislation prohibiting recruitment and use of children in line with the Optional Protocol to the CRC and international standards; all arms bearers must establish robust age-verification procedures; develop and use handover protocols to transfer children encountered in military operations to civilian child-protection actors. States should provide comprehensive, gender- and age-sensitive reintegration programmes that include health care, psychosocial support, education and livelihood opportunities, while addressing stigma and community acceptance.

6 *Ensure that detention-related practices reflect children's special protection*

- **What:** Arms bearers must align all aspects of deprivation of liberty affecting children with IHL and the CRC—using detention only as a last resort, for the shortest appropriate period, and in conditions that safeguard their dignity, development, family life, and well-being.
- **How:** Restrict the use of detention and prevent arbitrariness by prohibiting detention on broad "security threat" grounds without strict necessity; ensure rapid and independent review of all detention decisions and ensure detention is only ever for the shortest possible period of time. Regarding conditions of detention, separate children from unrelated adults; ensure access to education, healthcare (including mental-health support), physical activities, and adequate nutrition, hygiene and sanitation; prohibit and protect against sexual violence, ill-treatment and solitary confinement. Ensure unrestricted independent monitoring of all places of detention and access to detainees, for example by the ICRC. To protect family links, facilitate regular communication and visits.

7 *Safeguard children's right to education during and after armed conflict*

- **What:** Parties to conflict must prevent and mitigate the interruption of education and protect schools, students and teachers.
- **How:** Arms beares should adopt rules of engagement and military planning measures that prevent attacks on schools and the military use of education facilities. Where feasible develop and implement emergency education plans, including temporary learning spaces and remote learning modalities. States should endorse and implement the Safe Schools Declaration.

8 *Improve monitoring, data collection and accountability for IHL violations affecting children*

- **What:** States and independent monitoring mechanisms, such as UN Commissions of Inquiry and mandate holders, as well as civil society – where feasible - should ensure that violations and harms affecting children are visible within monitoring and accountability mechanisms.
- **How:** Systematically collect and analyse sex and age-disaggregated data on child casualties, injuries, deprivation of liberty, recruitment, displacement, malnutrition, mental health and education; integrate child-specific indicators into civilian-harm tracking, military after-action reviews and humanitarian monitoring; facilitate children's safe participation in documenting violations and designing remedies; and ensure that accountability processes incorporate child-sensitive procedures and outcomes.

Ethnic and Religious Minorities' Experiences of Armed Conflict

Ethnic and religious minorities face acute and systemic risks during armed conflict stemming from entrenched patterns of exclusion, persecution, and structural discrimination that predate the onset of hostilities. While IHL provides a universal framework for the protection of civilians, its interpretation and application often fail to account for the lived experiences and vulnerabilities of minority groups. The absence of a clear legal definition of "minority" in international law and the political sensitivity surrounding the term further contribute to the protection gaps experienced by minority groups during armed conflict.

Humanitarian and legal actors – as well as donors - frequently avoid explicit recognition of minority status to prevent accusations of bias or interference in domestic affairs. This reluctance often renders minorities invisible within protection frameworks, even where their identity is the primary basis for targeting by parties to the conflict. As noted by the UN Special Rapporteur on Minority Issues, such avoidance 'undermines the practical enjoyment of minority rights and hinders protection when those rights are most at risk.'[181]

Minorities are not only at risk from the collateral effects of military operations, but as the very object of those operations. Forced displacement, mass killings, sexual violence, and the destruction of cultural or religious sites frequently accompany efforts to 'cleanse' or re-engineer the demographic composition of territory. In Myanmar, for example, the Rohingya Muslim minority suffered mass killings, rape, and the burning of entire villages during the 2017 military 'clearance operations', later characterised by the UN Fact-Finding Mission as bearing 'hallmarks of genocide.'[182] In Syria, ISIS attacked Assyrian Christian villages in Hasakah, destroyed churches, and abducting civilians based on religious affiliation.[183] In Ukraine, under Russian occupation, minority groups including Crimean Tatars and certain linguistic and religious minorities have faced suppression of religious institutions, confiscation of property, and restrictions on language and worship—reflecting a pattern of cultural and institutional repression.[184]
In Iraq, ISIS targeted Yazidi communities in Sinjar for extermination and enslavement, explicitly declaring intent to eliminate them as a religious group (later to be recognized as genocide).[185] During the first two years of the humanitarian response, the understanding of Yazidi communities lived experience of displacement and genocide as a vulnerable minority, was often miscommunicated or misunderstood.[186] Only through sustained community engagement and dialogue did humanitarian actors begin to fully grasp the Yazidis' distinct protection needs and inclusion gaps, paving the way for more culturally sensitive and effective assistance.[187]

Recently some good practice has emerged as to how minorities can – and should – be meaningfully engaged in humanitarian responses to crisis. For example, A 2021 protection assessment—which formed the

181 Report of the Special Rapporteur on Minority Issues, UN Doc A/HRC/49/46, 2022.

182 Report of the Independent International Fact-Finding Mission on Myanmar, UN Doc A/HRC/39/64, 2018.

183 Human Rights Watch, *ISIS Escalates Assaults on Assyrian Christians*, 23 February 2015.

184 OHCHR, *Report on the human rights situation in Ukraine* UN Doc A/HRC/52/62, 2 February 2023, §§30–41.

185 Independent International Commission of Inquiry on the Syrian Arab Republic, *'They Came to Destroy: ISIS Crimes Against the Yazidis'* UN Doc A/HRC/32/CRP.2, 15 June 2016, §§163-168.

186 Inter-Agency Standing Committee, *Humanitarian Response Review: Iraq*, 2016.

187 Brookings Institution, *The Consequences of Chaos*, 2016; UNDP, *Supporting the Yazidi Community's Recovery and Resilience*, 2018–2021.

basis for the 2022 protection strategy of the Humanitarian Country Team (HCT)—revealed critical gaps in the humanitarian response, including exclusion based on ethnicity, and minority clan affiliation. Based on the findings of this assessment, the response strategy in conflict-affected regions was adjusted. These efforts were guided by the minority mapping developed by OHCHR to ensure that appropriate assistance was targeted toward marginalized groups. Additionally, these efforts led the HCT to expand its membership to include minority-led civil society organizations and to ensure their meaningful consultation in humanitarian response planning and oversight.[188]

Protection of Cultural Property

IHL affords specific and heightened protection to cultural property, recognising its particular importance for the identity, dignity and survival of civilian populations, and especially for ethnic and religious minorities, for whom cultural and religious sites are often central to collective life. Parties to conflict are obligated to respect cultural property by refraining from targeting, using it for military purposes, or exposing it to destruction, except in cases of imperative military necessity.[189] This protection extends to places of worship, monuments, libraries, archives and other sites of cultural or religious significance. The destruction of such property can constitute a distinct IHL violation and, in certain circumstances, a war crime, particularly where it forms part of a campaign of persecution.[190] Despite these clear protections practice indicates that its protection is frequently deprioritised in operational planning, humanitarian monitoring and international responses to armed conflict.[191]

Recent conflicts illustrate the acute relevance of these rules for minorities: ISIS's destruction of Yazidi shrines in Iraq and churches in Syria, attacks on mosques and cultural institutions affecting Crimean Tatars in occupied Ukraine, and the targeting of minority religious sites in Yemen and Mali demonstrate how cultural destruction is used to erase identity, terrorise communities, and facilitate forced displacement. Effective protection of cultural property under IHL is therefore essential not only to safeguard heritage, but to prevent persecution, uphold minority rights, and preserve the social fabric necessary for return, recovery and reconciliation after conflict.

Ethnic and religious minorities and (un)lawful displacement under IHL: Legal Framework

Ethnic and religious minorities are particularly vulnerable to unlawful forced displacement because long-standing discrimination and political marginalization make them more likely to be targeted by parties to conflict, who may exploit the IHL exceptions of "security of the civilians" or "imperative military reasons" as pretexts for identity-based removals.[192] In practice however, these exceptions are often misused to justify operations that aim not at protecting civilians but at exerting control over "dissident" groups or altering the demographic composition of an area. Combined with additional barriers—such as language exclusion, lack of documentation, and mistrust of authorities—this misuse leaves minority communities disproportionately exposed to coercive displacement measures and heightens their risk of associated abuses, including exploitation, and targeted violence.

Forced displacement is prohibited in both international and non-international armed conflicts. In international armed conflict, Article 49 of the Fourth Geneva Convention prohibits individual or mass forcible transfers and deportations of protected persons, regardless of motive, except for temporary evacuations required for civilian security or imperative military reasons. Such evacuations must be strictly limited in scope and duration, carried out under adequate humanitarian safeguards, and never used to alter a territory's demographic composition. Similarly, in non-international armed conflict (NIAC), Article 17 of Additional

188 Report of the Independent International Fact-Finding Mission on Myanmar, A/HRC/39/64 (2018).

189 Second Protocol to the Hague Convention of 1954 (1999); API, Art.53; APII, Art.16; ICRC, CIHL Study, Rules 38–40.

190 Statute of the International Criminal Court, Arts. 8(2)(b)(ix), 8(2)(e)(iv).

191 See, amougst others, V. Arnal, 'Destructive Trends in Contemporary Armed Conflicts and the Overlooked Aspect of Intangible Cultural Heritage' (2021) 102(914), *International Review of the Red Cross,* 539; M. Frigo, 'Criminalization of Offences against Cultural Heritage in Times of Armed Conflict' (2011) 22(1), *European Journal of International Law* 203.

192 GCIV, Art. 49(2); AP II, Art 17; ICRC, CIHL Study, Rule 129.

Protocol II prohibits forced displacement except where required for civilian safety or imperative military reasons. The 'imperative' threshold is high and excludes political, ethnic, or disciplinary motives. It further requires that displaced persons be received under satisfactory conditions of shelter, hygiene, health, and safety. Customary IHL Rule 129, applicable to all armed conflicts, prohibits displacement of the civilian population unless required for the security of civilians or imperative military reasons, and Rule 131 obliges parties to consider the particular needs of vulnerable groups among the displaced. While minorities are not explicitly listed, this principle extends to their unique risks of exclusion and persecution.

One critical point, during displacement and evacuation, which requires more inclusive and context-sensitive approaches for ethnic and religious minorities, is the security screening and filtering of populations at checkpoints or humanitarian corridors. The process of filtering populations can itself become a mechanism of exclusion and targeted violence, particularly when the screening process is influenced by ethnic or religious identity. For example, displaced minorities are often subject to further scrutiny or suspicion based on their ethnicity, leading to discriminatory treatment, detention, increased exposure to violence and abuse, and separation from their families. IHL's protections must be interpreted and implemented with awareness of these discriminatory practices, ensuring that screening processes are not abused to further marginalize already vulnerable populations.

Gaps in the interpretation, application and monitoring of IHL

- **Invisibility of minority status within IHL application.** Despite universal civilian protection under IHL, ethnic and religious minorities are frequently rendered invisible in practice due to the absence of a legal definition of "minority" and political reluctance to recognise minority status. This invisibility undermines protection precisely where identity is the primary basis for targeting, persecution, and displacement.

- **Failure to prevent identity-based targeting.** Minority communities are often not merely incidentally harmed but deliberately targeted through military operations, forced displacement, sexual violence, and destruction of cultural or religious sites aimed at demographic re-engineering. IHL's civilian-protection framework is inconsistently applied to address such identity-driven violence, weakening prevention and accountability.

- **Systematic deprioritisation of cultural property in IHL application.** Despite the heightened protection afforded to cultural and religious property under IHL, harm to such sites—particularly those central to the identity of ethnic and religious minorities—is frequently treated as incidental or secondary in operational planning, civilian-harm monitoring, and accountability processes. This under-recognition obscures patterns of identity-based persecution and weakens the preventive and protective function of IHL.

- **Misuse of displacement exceptions under IHL** The IHL exceptions permitting displacement for "security of civilians" or "imperative military reasons" are misapplied to justify coercive, identity-based removals of minority populations. Political, ethnic, or religious motives are insufficiently scrutinised, enabling unlawful displacement and demographic manipulation.

- **Discriminatory screening and filtering practices** Security screening at checkpoints, evacuation corridors, and registration sites are often influenced by ethnic or religious identity, exposing minorities to heightened risks of arbitrary detention, family separation, ill-treatment, and violence. IHL protections, including humane treatment and the prohibition of adverse distinction, are inadequately interpreted to prevent screening processes from becoming tools of exclusion and persecution.

- **Humanitarian assistance not culturally or linguistically accessible** Humanitarian responses frequently fail to account for language barriers, cultural practices, and minority distrust of authorities, resulting in unequal access to assistance and protection. The obligation to allow and facilitate humanitarian assistance essential to civilian survival is often implemented in ways that are formally neutral but substantively exclusionary.

- **Under-inclusive monitoring and data collection.** Civilian-harm tracking, displacement monitoring, and humanitarian assessments rarely collect data disaggregated by ethnicity, religion, or language, obscuring minority-specific harms and impeding compliance with IHL obligations of non-discrimination and constant care.

Recommendations for closing the protection gaps

1 *Reaffirm ethnic and religious minorities as civilians entitled to equal protection*

- **What:** Explicitly recognise ethnic and religious minorities as civilians under IHL, entitled to protection from attack, persecution, and displacement without adverse distinction.
- **How:** Arms bearers should integrate ethnicity, religion, and language considerations into operational guidance, rules of engagement, and targeting assessments; issue command directives prohibiting adverse distinction; provide training on non-discrimination obligations to military and humanitarian personnel.

2 *Prevent identity-based targeting and unlawful displacement*

- **What:** Ensure displacement or evacuation of minority populations strictly complies with IHL and is never used to alter the demographic composition of territory.
- **How:** Subject evacuation and displacement orders to rigorous legal review; require minority-impact assessments in operational planning; prohibit displacement decisions based on ethnic or religious identity and expressly clarify that political, ethnic, or religious motives cannot constitute "imperative military reasons"; monitor displacement operations involving minorities for coercion, discrimination, and associated abuses; ensure satisfactory conditions of shelter, hygiene, health, and safety for displaced minorities guarantee displaced minorities safe, voluntary return.

3 *Reaffirm protection of cultural property as a core civilian-protection obligation*

- **What:** Treat the protection of cultural and religious property, especially that of minority communities, as an integral element of civilian protection under IHL.
- **How:** Arms bearers should systematically integrate cultural-property considerations into targeting, operational legal review, and post-operation assessments; ensure that damage to cultural and religious sites is explicitly monitored and reviewed; and recognise destruction of such property as a potential indicator of persecution or unlawful displacement requiring corrective action.

4 *Safeguard minorities during screening, detention, and checkpoint procedures*

- **What:** Prevent discriminatory screening, arbitrary detention, and ill-treatment of minorities.
- **How:** Establish oversight mechanisms for screening and filtering procedures; train personnel to recognise and mitigate bias; prohibit searches, interrogations, or treatment that humiliate or target individuals based on identity.

5 *Ensure inclusive and culturally sensitive humanitarian assistance*

- **What:** Guarantee equal and effective access to humanitarian assistance for minority communities.
- **How:** Arms bearers should translate warnings, evacuation notices, and registration materials into minority languages; provide culturally appropriate food, shelter, and services; engage minority-led organisations in aid design and delivery.

6 *Enhance visibility and accountability through monitoring and data collection*

- **What:** Make minority harms visible within IHL monitoring and accountability frameworks.
- **How:** Collect ethnicity-, religion-, and language-disaggregated data where safe and ethical to do so; include minority-specific indicators in civilian-harm and displacement monitoring; partner with community organisations to validate findings and inform international accountability mechanisms.

LGBTQI+ Individuals' Experiences of Armed Conflict and the Inclusive Application of IHL

LGBTQI+ individuals face profound and systemic risks during armed conflict, resulting from the intersection of armed violence, entrenched discrimination and legal frameworks that criminalize their existence. Pre-existing stigma is frequently weaponised during armed conflict, with armed actors deliberately targeting LGBTQI+ populations to enforce rigid gender norms, consolidate power, and terrorise communities.[193] In Syria, for example, both government forces and armed groups such as Jabhat al-Nusra and ISIS persecuted LGBTQI+ individuals through public executions, sexual violence, and intimidation campaigns designed to 'cleanse' communities of same-sex relationships.[194] In Colombia, paramilitary and guerrilla groups targeted LGBTQI+ persons through forced disappearances, 'corrective rape', and public killings, using homophobia as a tool of social control.[195] Similar patterns have been documented in Russian-occupied Ukraine, where LGBTQI+ individuals have been harassed, detained, and subjected to degrading treatment by occupying forces, framed as enemies in an ideological war against "Western degeneracy." [196]

The risks faced by LGBTQI+ populations are not limited to direct targeting. Conflict amplifies pre-existing structural discrimination, leaving LGBTQI+ persons disproportionately excluded from protection and humanitarian assistance. Evacuation procedures often rely on rigid gendered documentation and conscription rules, effectively trapping transgender and non-binary persons in conflict zones.[197] In Ukraine, transgender women with identity documents reflecting their assigned sex at birth were denied exit at border crossings, subjected to strip searches, and humiliated by guards.[198] In Afghanistan, under Taliban rule, gender non-conforming individuals face heightened risks at checkpoints, where exposure often leads to arrest or violence; LBQ+ women are doubly restricted and particularly vulnerable to harm, as Taliban mobility rules prevent them from leaving the country without a male guardian.[199]

Access to healthcare is another critical area where LGBTQI+ populations face distinct harms. Disruptions to medical supply chains during conflict create acute risks for HIV-positive individuals reliant on antiretroviral therapy, with discrimination by healthcare providers compounding these shortages.[200] Transgender persons encounter particular barriers to gender-affirming care, access to sanitary products, and treatment when identification documents do not match their gender identity or expression.[201] Such denials of care have life-threatening consequences in conflict-affected environments where healthcare systems are already overwhelmed.

LGBTQI+ populations are exposed to increased risk of conflict-induced hunger where humanitarian aid systems depend on

193 Outright International, They Know What We Don't' : Meaningful Inclusion of LGBTIQ People in Humanitarian Action, June 2024.

194 Report of the Independent International Commission of Inquiry on the Syrian Arab Republic UN Doc A/HRC/31/68, 11 February 2016, 95.

195 Colombian Truth Commission, *Final Report* (2022) Vol 4,Ch 3; Human Rights Watch, "They Don't See Us": LGBTI People in Armed Conflict in Colombia, 2019.

196 OHCHR, 'Ukraine: Protection of LGBTI and gender-diverse refugees remains critical', March 2022.

197 Outright International and Edge Effect, *LGBTIQ Humanitarian Inclusion Guidelines,* (2021) 7–8

198 OHCHR, Ukraine: Protection of LGBTI and gender-diverse refugees remains critical, March 2022.

199 Human Rights Watch, *'Even If You Go to the Skies, We'll Find You: LGBT People in Afghanistan after the Taliban Takeover',* 2022.

200 UNAIDS, *Global AIDS Update*, 2022.It must be noted that HIV affects individuals across all populations, and its transmission is determined by exposure routes rather than sexual orientation or identity.

201 Humanitarian Advisory Group, *Inclusion and Exclusion: LGBTIQ+ Experiences in Humanitarian Response*, 2020.

heteronormative family structures, leading to the exclusion of LGBTQI+-led households or individuals without dependents. During the COVID19 pandemic, reports from the Philippines and Indonesia reveal instances where local authorities deliberately denied aid to LGBTQI+ households, refusing to recognise them as legitimate family units, exclusion that is likely mirrored in conflict settings.[202] Even when not explicitly excluded, LGBTQI+ persons may avoid aid distribution for fear of exposure, harassment, or criminalisation, leaving them at heightened risk of hunger and deprivation.[203] Exclusion from humanitarian assistance extends beyond food aid. LGBTQI+ individuals have been denied access to shelters, legal protection, and medical services, particularly in contexts where homosexuality is criminalised.[204] Refugee camps and shelters often reinforce binary gender segregation, forcing transgender and non-binary individuals into unsafe accommodations where they may face violence from other residents or staff.[205]

Detention presents some of the most acute risks. LGBTQI+ persons are frequently singled out for arrest at checkpoints or during sweeps, where they may face torture, forced medical examinations, sexual violence, or extrajudicial execution.[206] Within detention facilities, LGBTQI+ detainees are highly vulnerable to sexual violence, forced nudity, and humiliating treatment by guards and fellow detainees,[207]as well as denial of healthcare.[208]

The compounded effects of direct targeting, exclusion from humanitarian assistance denial of healthcare, arbitrary detention, and abuse in detention demonstrate that LGBTQI+ individuals face a distinct risks of harm during armed conflict. These risks are exacerbated by the fact that in many conflict-affected States, LGBTQI+ identities are criminalised—in over 65 countries globally (including seven of which same sex relationships are punishable by death penalty),[209] at least 20 of which are engaged in conflict. In these environments, persecution of LGBTQI+ persons becomes both a tool of ideological warfare and a by-product of entrenched discrimination, underscoring the urgent need for IHL interpretation and application that explicitly recognises and responds to their vulnerabilities.

Gaps in the interpretation, application and monitoring of IHL

- **Failure to recognise LGBTQI+ individuals as civilians entitled to protection.** Despite IHL's prohibition on the direct targeting of civilians and of adverse distinction, LGBTQI+ civilians are frequently treated as legitimate targets for persecution, arbitrary detention, and even execution.

- **Sexual violence is overlooked as an IHL violation when directed against LGBTQI+ persons.** Although rape and other forms of sexual violence are expressly prohibited, sexual violence against LGBTQI+ individuals is often framed as "correction" or discipline, and thus under-recognised as a serious violation of IHL.

- **Barriers to evacuation and humanitarian assistance.** LGBTQI+ persons face exclusion from evacuations due to rigid gendered documentation regimes, conscription

202 The New Humanitarian, *How COVID-19 aid is leaving LGBTQ+ people out*, 24 June 2020

203 Humanitarian Advisory Group, *Inclusion and Exclusion: LGBTIQ+ Experiences in Humanitarian Response*, 2020

204 Human Rights Watch, *"Every Day I Live in Fear": Violence and Discrimination Against LGBT People in El Salvador, Guatemala, and Honduras*, 2020.

205 Outright International, They Know What We Don't' : Meaningful Inclusion of LGBTIQ People in Humanitarian Action, June 2024,p.16 ; LGBTQ Lives in Conflict and Crisis, A Queer Agenda for Peace, Security and Accountability, February 2023.

206 Human Rights Watch, 'Everyone Wants Me Dead: Killings, Abductions, Torture, and Sexual Violence Against LGBT People by Armed Groups in Iraq', 2022; OHCHR, 'Born Free and Equal: Sexual Orientation and Gender Identity in International Human Rights Law', 2019; Human Rights Watch, 'Egypt: Security Forces Abuse, Torture LGBT People', 2020.

207 OHCHR, *Born Free and Equal: Sexual Orientation and Gender Identity in International Human Rights Law*,2012.

208 WHO, *Consolidated Guidelines on HIV Prevention, Testing, Treatment, Service Delivery and Monitoring*, 2021.

209 Human Rights Watch, *Outlawed; the love that dare not speak it's name*, 2024.

rules, or checkpoint abuse. Aid distribution systems often fail to recognise LGBTQI+-led households, depriving them of food, shelter and healthcare essential for survival.

- **Discrimination and ill-treatment in detention.** LGBTQI+ detainees are at particular risk of sexual violence, solitary confinement, and denial of necessary medical care, in breach of IHL's obligation of humane-treatment and the prohibition of adverse distinction.

Recommendations for closing the protection gaps

1 *Reaffirm LGBTQI+ individuals as civilians entitled to equal protection*

- **What:** Arms bearers should explicitly recognise that LGBTQI+ persons exists within civilian populations, and that under IHL they are entitled to full protection from direct attack, abuse and persecution.
- **How:** Integrate references to sexual orientation and gender identity in military doctrine including operational guidance, training, and targeting assessments; issue command directives prohibiting adverse distinction on these grounds.

2 *Recognise and address sexual violence against LGBTQI+ persons*

- **What:** Arms bearers must recognise and treat sexual violence against LGBTQI+ individuals as a grave breach of IHL and ensure accountability.
- **How:** Arms bearers should ensure Codes of Conduct explicitly prohibit SGBV against LGBTQI+ individuals. Parties to conflict and monitoring mechanisms should include LGBTQI+-specific indicators in check-point and detention monitoring; and train investigators to identify and document SGBV against LGBTQI+ individuals.

3 *Ensure inclusive evacuation and humanitarian assistance*

- **What:** Parties to the conflict as well as humanitarian actors must remove barriers preventing LGBTQI+ persons from evacuating areas of hostilities, and accessing humanitarian assistance
- **How:** Require non-discriminatory procedures at checkpoints; recognise LGBTQI+-led households in humanitarian aid registration; provide shelters with safe spaces for transgender and non-binary persons; consult LGBTQI+ organisations in evacuation and humanitarian assistance policy and program design.

4 *Enhance visibility through monitoring and training*

- **What:** Arms bearers and humanitarian actors should integrate LGBTQI+ inclusion into civilian-harm tracking, training, and Rules of Engagement.
- **How:** Where it safe and feasible, collect civilian-data disaggregated by sexual orientation and gender identity; embed LGBTQI+-sensitive scenarios into military and humanitarian training; adopt inclusive SOPs in evacuation and detention practices.

5 *Guarantee humane treatment of LGBTQI+ detainees*

- **What:** Parties to a conflict, should ensure humane treatment and protection from adverse distinction for LGBTQI+ persons in detention.
- **How:** House detainees in facilities aligning with their gender identity or in protective units; prohibit solitary confinement based on identity; ensure access to HIV treatment and gender-affirming care; adapt body search procedures to prevent humiliation.

Men and boys' Experiences of Armed Conflict and the Inclusive Application of IHL

Men and boys face distinct, patterned harms during armed conflict, and are frequently effectively excluded from the protections of IHL. Civilian men of military age are often presumed to be combatants, contrary to the IHL principle of distinction and presumption of civilian status, which requires that in cases of doubt over a person's status they must be considered a civilian and therefore are protected from targeting.[210] This combat-presumption contributes to males' over-representation among conflict deaths across many contexts.[211]

Boys continue to be recruited and used by armed groups, despite the absolute prohibition on the use of child solders under international law.[212] In 2024, the UN verified 7,402 cases of recruitment and use globally; boys formed most verified cases of child recruitment in multiple conflict contexts (e.g., DRC: 1,651 of 2,365; Somalia: 726 of 768; Syria: 489 of 527).[213] Despite the prohibition, recruitment of child solders trends are escalating in some contexts, for example in eastern DRC, more than 400 children were newly recruited in January – February 2025 alone.[214]

Men and boys are also vulnerable to arbitrary detention, enforced disappearance, torture and sexual violence, including rape—particularly in detention settings where the risk of abuse is elevated. Their exposure to these harms can be further heightened by mobility restrictions that limit their ability to flee, seek safety, or avoid areas of hostilities. For example, in Ukraine, most men aged 18–60 were prohibited from leaving the country under martial law (a restriction partially eased in August 2025 for those aged 18–22), leaving many unable to escape areas of hostilities and thereby increasing their risk of being targeted.

These patterns of harm experienced by men and boys in armed conflict are not incidental; they are structural and predictable across conflict settings, reflecting persistent failures in how IHL is interpreted and applied in practice. Deeply embedded gender norms that equate masculinity with combatancy, physical resilience, and threat routinely position men and boys as presumptive fighters rather than protected civilians, despite the clear protections afforded to civilians under IHL. These assumptions shape operational decision-making, rules of engagement, and protection strategies, resulting in systematic under-recognition of men and boys as victims and neglect of the harms they experience, including direct-targeting, exclusion from evacuation, arbitrary detention, enforced disappearance, and conflict-related sexual and gender-based violence.

Gaps in the interpretation, application and monitoring of IHL

- **Presumed combatant status** Treating adult men and older boys as presumptively targetable, or excluding them from evacuations, reverses the civilian presumption and the prohibition of adverse distinction.
- **Under-recognition of gendered violations.** Killings, arbitrary detention and SGBV against men and

210 ICRC, CIHL Study, Rule 6.

211 See the above section of this report, 'Distinction; men and boys'.

212 Note that the Optional Protocol to the CRC, establishes 18 years as the minimum age for compulsory recruitment by States and any recruitment by armed groups. Under IHL (API, Art77(2); APII Art 4(3)(c), ICRC CIHL Study, Rule 136) as well as under the Rome Statute (Arts. 8(2)(b)(xxvi), Arts. 8(2)(e)(vii), the prohibition applies to the recruitment and use of children under 15 years in hostilities.

213 Report of the Secretary-General on Children and Armed Conflict, UN Doc. S/2025/247, 19 June 2025; §§56, 160 and 199.

214 Save the Children, More than 400 children in eastern DRC recruited into conflict in first two months of 2025, March 2025.

boys are inconsistently framed as IHL violations, weakening accountability for prohibitions on violence to life, torture, cruel or humiliating treatment.

- **Failure to ensure the protections of detainees, the majority of whom are male.** The IHL protections of detainees are under-enforced, heightening males' vulnerability to arbitrary killing, torture, enforced disappearance and sexual violence.

- **Under-inclusive monitoring.** Civilian-harm tracking often lacks sex- and age-disaggregation, obscuring the conflict-harms males experience and impeding compliance with the obligation to take constant care to spare all civilians.

Recommendations for closing the protection gaps

1 *As per IHL obligations, reaffirm the presumption of civilian status, including for men and boys.*

- **What:** Arms bearers must implement and reinforce the presumption that men and boys not directly participating in hostilities are civilians and must not be presumed combatants.
- **How:** Arms bearers should integrate the presumption of civilian status,[215] into Rules of Engagement (ROE) and military handbooks and use scenario-based training for to practice distinguishing civilians, including men of 'fighting age', from combatants.

2 *Comprehensive casualty recording and data collection*

- **What:** To the greatest extent feasible, arms bearers, monitoring mechanisms and civil society, should collect and analyse gender and age disaggregated data on casualties, recruitment, detention, and SGBV.
- **How:** Arms bearers should establish civilian casualty tracking units within armed forces, modelled on NATO's Civilian Casualty Tracking Cell (CCTC) mechanism to record male as well as female and child victims. Where feasible, mandate that post-operation reviews include an assessment of impacts on different demographic groups, including men and boys. Independent monitoring mechanisms, and in particular those that have access to places of detention, should be trained on SGBV against men and boys and where feasible ensure all civilian data collection is gender and age disaggregated.

3 *Recognise and Address Sexual and Gender-Based Violence (SGBV) Against Men and Boys*

- **What:** Arms bearers and monitoring mechanisms, should treat sexual violence against men and boys as a serious violation of IHL and ensure accountability.
- **How:** Arms bearers should explicitly prohibit sexual violence against men and boys in Codes of Conduct, drawing on examples such as the NATO field manual.[216] Include male-focused SGBV indicators in detention monitoring, body searches, and interrogation oversight. Ensure monitoring mechanisms personnel (including military police) are trained to identify and document SGBV against men and boys.

4 *Strengthen Detention Oversight and Compliance*

- **What:** Ensure humane treatment of men and boys in detention.
- **How:** Parties to a conflict that are holding detainees must ensure full access by independent inspection regimes (e.g., ICRC access, and torture preventive mechanisms under OPCAT). Those operating places of detention

215 API, Art. 50(1).

216 NATO/Allied Joint Publication AJP-3.24, *Military Contribution to Peace Support* (Ed A, v1, 2024) which defines conflict-related sexual violence 'as rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, forced sterilization, forced marriage and any other form of sexual violence of comparable gravity perpetrated against women, men, girls or boys that is directly or indirectly linked to a conflict' See para 3.58–3.60, p. 65

should be trained on gender-sensitive searches; torture and other cruel inhumane and degrading practices (for e.g. forced nudity, sexualised insults) must be prohibited at all times; guideline**s** reflecting existing baseline standards (such as the Mandela Rules and Copenhagen Process Principles)[217] should be adopted and detainee registers with sex and age disaggregation should be maintained to prevent enforced disappearance.

5 *Ensure Inclusive Evacuation Measures*

- **What:** Men and boys must not be excluded from evacuations based on their gender.
- **How:** Evacuation agreements or procedures, including humanitarian corridors, should explicitly stipulate that all civilians (including men of fighting age) are entitled to safe passage. Parties to a conflict should train checkpoint and evacuation personnel to apply non-discriminatory screening procedure**s**, avoiding assumptions of combatancy.

6 *Integrate Training and Dissemination of IHL Obligations*

- **What:** Ensure arms bearers are sensitised to the fact that men and boys face gender-specific risks during armed conflict and are entitled equal to protection under IHL.
- **How:** Military doctrine, including military manuals and rules of engagement, should reflect that adverse distinction against men and boys in the application of IHL is prohibited. Arms bears should consider partnering with the IHL Centre, ICRC and others to deliver specialised modules on protecting men and boys under IHL and incorporate case studie**s** (e.g., Syria disappearances, Ukraine POW abuse, DRC child soldiering) into military training.

217 UN Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) 2015; Copenhagen Process, *Principles and Guidelines on the Handling of Detainees in International Military Operations* (2012).

Older persons' Experiences of Armed Conflict and the Inclusive Application of IHL

Older persons experience distinct and often overlooked harms in armed conflict. Their needs and increased risks of exposure to harm diverge significantly from those of the general civilian population. Older persons who already suffer marginalisation—older women, older refugees, older persons with disabilities, older LGBTQI+ persons, or those belonging to minority communities—often face intersecting discrimination, increased exposure to violence, and exclusion from humanitarian services.[218]

In conflict settings, older persons are disproportionately likely to be killed, injured or left behind, when others flee areas of hostilities.[219] For example, in Ukraine, since 2022, older people have accounted for almost half of civilian deaths and one-third of injuries in cases where the person's age could be verified.[220] Across conflict settings, many remain in areas of hostilities because they miss the narrow window of evacuation owing to limited mobility, lack resources and assistance, because they fear being a 'burden' to family members, or remain to try to safeguard land and property.[221]

Warnings before attacks - where provided - and evacuation procedures are frequently inaccessible. Digital-only alerts, such as warnings delivered by SMS, are inaccessible for many older persons who lack smartphones, connectivity, electricity, or digital literacy. Older persons with cognitive impairments or psychosocial disabilities may be unable to interpret instructions without support, causing them to shelter in unsafe areas or remain unaware of imminent danger.[222] Evacuation procedures often do not accommodate older persons' mobility impairments, chronic illnesses, or dependence on assistive devices such as glasses, hearing aids, canes, walkers, or wheelchairs. Many older persons arrive last at evacuation points—if they arrive at all—and face being pushed out of queues, denied aid, or inaccessible evacuation transport.[223] For those that manage to reach shelters, they will likely be met with inaccessible WASH facilities, which will have a particularly harmful impact on older persons who have chronic illnesses, disabilities, and/or incontinence.

Older persons are more likely to be dependent on health care services – including rehabilitation and nutrition support, for example by food delivery services. Therefore where health care services and infrastructure are destroyed and collapse as a result of hostilities, older persons are disproportionally effected. Loss of access to medications, assistive devices, rehabilitation, nutrition support and home-based care leads to rapid deterioration in health. Breakdowns and cuts in electricity supplies (affecting refrigeration of insulin or operation of oxygen and dialysis machines for example), also severely undermine their ability to survive.[224]

Humanitarian assistance rarely targets older persons.[225] Assistance 'necessary for the survival

218 UN Independent Expert on the enjoyment of all human rights by older persons, Report on Older Persons in Armed Conflict and Peacebuilding, UN Doc A/80/203, (18 July 2025), §§24-33.

219 UN Independent Expert on the enjoyment of all human rights by older persons, Report on Older Persons in Armed Conflict and Peacebuilding, UN Doc A/80/203, (18 July 2025), §§24-33.

220 OHCHR, 'Report on the Human Rights Situation in Ukraine: 1 September – 30 November 2024', 31 December.

221 Amnesty International, Older Persons in Armed Conflict and Peacebuilding; Submission to the Independent Expert on the Enjoyment of All Human Rights by Older Persons, 2025.

222 *Ibid*; and Independent Expert on the enjoyment of all human rights by older persons, Report on Older Persons in Armed Conflict and Peacebuilding, UN Doc A/80/203, 18 July 2025.

223 *Ibid;* HelpAge International, Inputs for the report of the Independent Expert on the enjoyment of all human rights by older persons in armed conflict and peacebuilding', March 2025.

224 UN Independent Expert on the enjoyment of all human rights by older persons, Report on Older Persons in Armed Conflict and Peacebuilding, UN Doc A/80/203, (18 July 2025), §§36-44.

225 HelpAge International, *Funding for older people in humanitarian*

of the civilian population', the provision of which must be allowed by and facilitated by parties to the conflict,[226] should include age-appropriate food and water that meet nutritional needs and are provided in digestible forms, as well as access to essential healthcare and continuity of treatment for chronic conditions. It should also encompass assistive devices and basic items necessary for dignity and survival, including dentures, hearing aids, glasses, mobility aids, appropriate shelter, and warm clothing. However, such inclusive assistance is rarely provided, excluding older civilians from the humanitarian essentials that are necessary to their survival. Lack of age-disaggregated data and inadequate donor reporting requirements on inclusion of older persons, further contribute to existing gaps in humanitarian programming and monitoring.

Under IHL, older persons are protected as civilians and entitled to protection through the rules of distinction, humane treatment, respect for dignity, care for the wounded and sick and access to humanitarian assistance, amongst others. These protections must be provided without adverse distinction**,** including on the basis of age. In complementarity to IHL, international and regional human rights instruments**,** such as the Inter-American Convention on the Rights of Older Persons and the African Union Protocol on the Rights of Older Persons**,** explicitly require States to adopt targeted protective measures for older persons during situations of armed conflict and other emergency situations.[227] Despite these clear obligations, IHL is not applied and monitored in age-inclusive manner, and older persons remain largely invisible in conflict of hostilities assessments, humanitarian planning, and accountability mechanisms.

Gaps in the Interpretation, Application, and Monitoring of IHL

- **Lack of age-inclusive application of core IHL principles.** IHL protections for older civilians are implicit but underapplied. Proportionality assessments rarely integrate the foreseeable, age-specific, heightened risk of death or injury from attacks owing to mobility and communication barriers preventing their ability to flee areas of hostilities, as well as the foreseeable reverberating effects when essential infrastructure and access to medical care and support services are damaged or depleted. Digital-only alerts, inaccessible communication formats, and lack of accessible evacuation plans and preparatory information result in many older persons being excluded from the precautionary measures that parties to a conflict must take, in accordance with IHL before launching an attack, including providing warnings where feasible to do so, to all civilians within the affected area.

- **Under-recognition of chronic illness, disability, and need for assistive devices** Older persons, and particularly those who have chronic illness or disabilities, will likely be dependent on assistive devices. Damage or loss of these devices, such as glasses, hearing aids, walking sticks, as well as interruptions to the provision and maintenance of assistive-devices, have life-threatening consequences for older persons. However loss of access to assistive devices is not systematically treated as civilian harm in military planning and in the provision of humanitarian assistance that is 'essential to the survival of the population'.

- **Insufficient data collection and visibility.** The absence of age-disaggregated data means the harms experienced by older persons in conflict are largely invisible and remain so in military planning and humanitarian responses, including donor funding.

crises, 2025.

226 GCIV, Arts. 23, 55-56; API, Arts. 69(1) and 70; APII, Art. 18(2); ICRC, CIHL Study, Rules 55-56.

227 Inter-American Convention on Protecting the Human Rights of Older Persons, Art. 29; Protocol to the African Charter on Human and Peoples Rights of Older Persons in Africa**,** Art 14.

Recommendations for closing the protection gaps

1 *Strengthen Age-Responsive Proportionality Assessments*

- **What:** Integrate harm to older persons into all assessments of anticipated civilian harm.
- **How:** Parties to conflict should assume that a significant proportion of any civilian population includes older persons and include the increased risks they face to harm as a result of being more likely to remain in areas of active hostilities as well as risks related to mobility, chronic illness, loss of assistive devices, and susceptibility to cold, hunger, and infection. Where available, incorporate age-disaggregated casualty data into post operation assessments.

2 *Ensure That all Feasible Precautions Are Taken to Minimise Harm to Older Civilians, including Ensuring that Warnings are Accessible and Effective for Older Persons*

- **What:** Make attack warnings comprehensible and actionable for older persons.
- **How:** Parties to conflict must take constant care to minimise harm to the civilian population, including older civilians. This includes providing effective warnings before attack, where feasible to do so. To be effective in minimising harm to older civilians, arms bearers should provide warnings in multiple formats (for example audio, radio, leaflet, SMS, door-to-door, community liaison etc,) and ensure that warnings provide sufficient time for older persons to seek shelter noting that older persons are more likely to require assistance to evacuate safely.

3 *Develop Inclusive Evacuation Procedures Protocols for Older Persons*

- **What:** Ensure older persons' inclusion in evacuation planning and execution.
- **How:** Parties to conflict should, to the 'maximum extent possible' take precautions to protect the civilian population, including older civilians, within territory under their control, from the effects of attacks. To ensure the inclusion of older persons parties to the conflict should, to the greatest

extent possible, map locations of older persons and integrate them into evacuation prioritisation. Evacuation information, transportation and shelters should be accessible. Consultations undertaken with representative groups to ensure measures taken respond to the needs of older civilians.

4 *Safeguard older persons access to health care, nutrition and rehabilitation*

- **What:** Parties to conflict must ensure that older persons, including those with pre-existing disabilities as well as those with conflict-related injuries, receive timely, appropriate and continuous medical care and nutrition.
- **How:** Parties to conflict should protect health care - including medication supply chains, nutrition support and rehabilitation services, and assistive device provision -from interruptions,and facilitate rapid medical evacuation for older persons whose essential care is not available locally.

5 *Define "essential to survival" age-inclusively within humanitarian assistance*

- **What:** Humanitarian assistance must include items and services that are essential to the survival older civilians.
- **How:** Humanitarian assistance should include nutrition packages tailored to the needs of older persons, assistive devices including glasses, hearing aids, mobility aids – hygiene products including incontinence pads, and medications. Actors providing humanitarian assistance should be sensitised to the needs of older persons and consult with representative organisations when developing humanitarian assistance programs (including dissemination of humanitarian packages) . Donors should include age markers in the provision funding and resources for humanitarian assistance.

6 *Improve the visibility and therefore the inclusion of Older Persons in Conflict Planning and response. Humanitarian Assistance Targeting and Age-Disaggregated Data Collection*

- **What:** Make older persons visible in military operations, precautionary measures, and the provision of humanitarian assistance.
- **How:** Arms bearers, humanitarian actors (including donors), should gather and use age-disaggregated data (including 60–69, 70–79, 80+) within their planning, assessment and monitoring, including casualty data and monitoring indicators on older persons' access to evacuations and humanitarian assistance.

Persons with disabilities and armed conflict

At least 15% of any civilian population are persons with disabilities. This percentage rises significantly in places of armed conflict, particularly protracted conflict.[228] Despite their high number and the distinct harms they experience during armed conflict, persons with disabilities are frequently excluded from the protections of IHL. The foreseeable civilian harms of attacks (death and injury, disruption/destruction of essential services including health care, rehabilitation and education, food and water insecurity and displacement) are amplified for persons with disabilities owing to pre-existing barriers (physical, attitudinal, societal, policy) and new barriers created by armed conflict (environmental, communication, transportation).[229] These documented disability-dynamics of conflict, remain largely unacknowledged in IHL interpretation and application including within proportionality assessments, precautionary measures, and in humanitarian access and assistance.[230]

When undertaking proportionality assessments the foreseeable harms that civilians with disabilities will experience as a result of an attack are rarely considered by arms bearers. Many persons with disabilities experience barriers that prevent them from fleeing to safety, resulting in them being exposed to the significant risk of death or injury as they remain in areas of active hostilities. Beyond the direct effects of attacks, persons with disabilities are also especially vulnerable to the reverberating effects of armed conflict, including the collapse of medical systems and other essential services; even partial damage to infrastructure such as roads and pavements can cut off access to services that remain available.

Similarly, precautionary measures, which parties to conflict are obligated to take with the aim of minimising harm to the civilian population, frequently fail to account for the needs of civilians with disabilities. For advance warnings to be effective for civilians with disabilities, they must be delivered in accessible communication formats that reflect the diversity of disabilities and provide sufficient time to flee. This requires the use of multiple formats—such as Braille and large print for persons with visual impairments; sign language, captions, and audio formats for persons with auditory impairments; and Easy Read or Plain Language formats and illustrations for persons with intellectual or psychosocial impairments—alongside multiple dissemination channels, including text and audio messages, radio, television, social media, and other technologies. Advance warnings must also allow sufficient time for civilians to seek shelter, recognising that civilians with disabilities may need assistance from others, face inaccessible infrastructure, lack immediate access to assistive devices, or require more time to understand and act on the information, without which warnings and evacuations risk being ineffective in practice. Evacuation processes are also often inaccessible due to barriers in transport, shelters, and the physical environment, as well as fears of being separated from or damaging essential assistive devices—concerns that are particularly acute in protracted conflicts where repair or replacement is unlikely. In places of detention, persons with disabilities face systemic barriers to accessing sanitary facilities, exercise, food and water, and medical treatment. Showers, toilets, and exercise areas

228 For example, approximately 28% of Syria's population aged over 2years has a disability—nearly double the global average, and this figure increases to approximately 37% in north-east Syria, an area most affected by conflict ICTJ, *Disabilities in Syria: A 'Hidden' Crisis*, 8 August 2023. Geneva Academy of International Humanitarian Law and Human Rights, (2019) p.11–12; Priddy, A, ICRC Review, 'Who is the civilian population? Ensuring IHL is implemented inclusively' (2022) p.1042.

229 Report of the Special Rapporteur on the Rights of Persons with Disabilities, UN Doc A/72/133, 14 July 2017.

230 ICRC, 'How Law Protects Persons with Disabilities in War', factsheet, 2018

are often inaccessible, while food distribution points and dietary provision rarely account for disability-related needs.[231] Medical treatment obligations are undermined when detainees requiring specialist facilities, rehabilitation, psychosocial support, or tailored medication cannot access them. Failures to provide reasonable accommodation for detainees with disabilities, exacerbate existing impairments or generate secondary impairments, and may amount to cruel, inhuman or degrading treatment, or torture. A further discriminatory practice is the isolation of detainees with intellectual or psychosocial disabilities, a practice that inflicts severe psychological harm and has been recognised as a form of ill-treatment.[232] Guaranteeing equal treatment for prisoners with disabilities in practice requires proactive measures: accessible facilities and services, assistive devices, adapted information, and specialist medical care. Where such accommodations cannot be provided, repatriation should be considered to avoid inhumane treatment.

The IHL protections granted to all civilians – including through the rules of distinction, humane treatment, respect for dignity, care for the wounded and sick and access to humanitarian assistance, amongst others must be provided without adverse distinction, including on the basis of disability. Despite these clear obligations, IHL is not applied and monitored in disability-inclusive manner, and persons with disabilities remain largely invisible across all phases of armed conflict the from the planning and execution of attacks through to evacuation and humanitarian response in conduct of hostilities assessments, humanitarian planning, and accountability mechanisms. Complementing IHL, international human rights law requires States to take all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including armed conflict—placing a clear duty on parties to integrate disability needs in conflict planning and response.[233]

231 ICRC, 'Increasing Visibility of Persons with Disabilities in Armed Conflict' (2022) 104, p114-116.

232 Comm on the Rights of Persons with Disabilities, *General Comment No 5 (2017) on living independently and being included in the community (art 19)*, UN Doc CRPD/C/GC/5, 27 October 2017, §16, 28; Comm on the Rights of Persons with Disabilities, *Guidelines on Article 14 of the Convention on the Rights of Persons with Disabilities: The right to liberty and security of persons with disabilities* (2015) §10–12; Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, UN Doc A/HRC/22/53 (1 February 2013) §63; Report of the Special Rapporteur on the rights of persons with disabilities, ,UN Doc A/HRC/34/58 (20 December 2016) §§ 68–70.

233 CRPD, Art. 11.

Gaps in the interpretation, application and monitoring of IHL

- **Lack of disability-inclusive application of core IHL principles.** Proportionality assessments rarely integrate the foreseeable, heightened risk of death or injury from attacks owing to mobility and communication barriers preventing persons with disabilities from fleeing areas of hostilities, as well as the foreseeable reverberating effects when essential infrastructure and access to medical care and support services are damaged or depleted - despite the requirement that all *foreseeable* civilian harms be considered.[234] The same under-inclusion occurs in the application of precautionary measures, particularly in relation to warnings and evacuations. Evacuation arrangements and shelters exclude persons with disabilities through inaccessible transport, prevention of evacuation with assistive devices, and inaccessible shelters, resulting in persons with disabilities being forced to remain in areas of active hostilities, often alone and without support

- **Insufficient data collection and visibility.** The absence of disability-disaggregated data means the harms experienced by persons with disabilities are largely invisible and remain so in military planning and humanitarian responses, including donor funding. This invisibility is reinforced by the absence of disability inclusion in IHL training, rules of engagement, and Standard Operating Procedures (SOPs). The result is that the distinct harms experienced by persons with disabilities remain invisible in military planning, humanitarian responses, monitoring mechanisms and donor funding.

- **Disability exclusion from humanitarian assistance.** Humanitarian access and assistance frequently omit disability-specific needs. This includes failure to treat assistive devices and rehabilitation services as items 'essential to the survival of the civilian population'.[235]

- **Discrimination in detention.** Although IHL requires all detainees be treated humanely, without adverse distinction,[236] persons with disabilities in detention face systemic barriers to sanitation, exercise, education, food, water, and medical care.[237] Isolation of detainees with psychosocial or intellectual disabilities continues, despite its recognition by the CRPD Committee and UN Special Rapporteurs as discriminatory, harmful, and a form of ill-treatment inconsistent with IHL's humane-treatment requirement.

Recommendations for closing the protection gaps

1 *Ensure visibility of persons with disabilities in civilian protection*

- **What:** Ensure that the distinct risks and harms faced by persons with disabilities are systematically recognised in the implementation of IHL.
- **How:** Arms bearers should require disability-disaggregated civilian-harm tracking in casualty recording and after-action reviews; integrate disability-sensitive scenarios into IHL training, rules of engagement, and SPOs; and consult organisations of persons with disabilities in operational planning to ensure their perspectives inform proportionality assessments and precautionary measures.

234 API, Art.51(5)(b); ICRC,CIHL Study, Rule 14.

235 API, Art. 57(2)(c).

236 CA3, GCIII, Arts.13 and 16; GCIV, Arts, 27 and 85; API, Art.75; APII, Art.4(1); ICRC, CIHL Study, Rules 87 and 88.

237 Report of the Special Rapporteur on the Rights of Persons with Disabilities, UN Doc A/72/133, (14 July 2017).

2 *Ensure accessible and therefore effective warnings*

- **What:** Advance warnings must be effective for *all* civilians, including those with disabilities.
- **How:** Where it is feasible for parties to conflict to provide warnings before an attack, they should disseminate warnings in multiple accessible formats (e.g., sign language, audio, Braille, Easy Read) and multi-channel dissemination (SMS, radio, TV, social media) extend timeframes for evacuation to ensure persons with disabilities have sufficient time to flee (including with their assistive devices).

3 *Provide accessible evacuation information, transport and shelters*

- **What:** Evacuations and shelters must be accessible to all civilians seeking shelter, including persons with disabilities.
- **How:** Parties to conflict should train checkpoint and evacuation personnel on disability inclusion. Adapt transport for wheelchairs and other assistive devices; prohibit confiscation or destruction of assistive devices at checkpoints; ensure shelters are accessible and equipped to meet disability-related needs.

4 *Define "essential to survival" inclusively within humanitarian assistance*

- **What:** Items and services essential to survival of the civilian population must include assistive devices, rehabilitation, specialised medication, and disability-responsive services.
- **How:** Map disability needs with representative organisations of persons with disabilities; incorporate these into relief consignments and delivery systems.

5 *Ensure humane treatment in detention*

- **What:** Humane treatment obligations require equal access to facilities and services.
- **How:** Record and analyze disability-disaggregated data across detention registers. Modify detention sites (for example by providing ramps, accessible sanitation, adapted exercise/education); ensure food distribution and medical care account for disability needs; provide psychosocial support and rehabilitation services; where these cannot be ensured, consider repatriation or transfer to prevent inhuman treatment. Issue detention-authority directives prohibiting isolation or segregation on the basis of disability.

Women and Girls in Armed Conflict

IHL has historically struggled to reflect the lived experiences of women and girls in armed conflict. Early laws of war provided only general civilian protections, while the 1949 Geneva Conventions framed women's protection narrowly, focusing primarily on expectant and nursing mothers. While these protections remain important, they tether women's protection to reproductive roles and historically framed rape as an attack on "honour" rather than a violation of a persons bodily integrity.[238] Subsequent advocacy and jurisprudence have partially corrected these gaps in relation to sexual violence, but a narrow focus on this issue risks obscuring the broader and predictable spectrum of harms women and girls experience across all phases of armed conflict.

Armed conflict consistently generates foreseeable harms to women's health and survival. Public health and epidemiological evidence demonstrates strong correlations between conflict and increased maternal mortality, stillbirths, miscarriages and obstetric emergencies, driven by both direct effects (attacks on civilians and healthcare) and indirect effects (collapse of services, displacement, stress and deprivation, for example).[239] One large-scale study estimated that conflict generates an additional 36.9 maternal deaths per 100,000 live births, contributing to approximately 300,000 excess maternal deaths globally between 2000 and 2019.[240] Recent attacks that have destroyed or damaged hospitals in the Democratic Republic of the Congo, Gaza, South Darfur and Ukraine, for example, have resulted in maternal deaths and still births.[241] In Yemen, where fewer than 20 per cent of hospitals can provide maternal care, a woman reportedly died in childbirth every two hours in 2023. In Ukraine, maternal death rate rose by approximately 37% between 2023 and 2024, owing to destruction of maternity services, stress and displacement.[242] Stillbirth rates are consistently higher in conflict-affected settings, with reductions observed following ceasefires, while miscarriage has been linked to maternal stress and diversion of care.[243] These risks are compounded by lack of female healthcare providers, degraded WASH infrastructure and overwhelmed medical staff. IHL's proportionality assessment, as well as the obligation to take precautionary measures to minimise civilian harm requires that arms bears take these foreseeable harms to be assessed. Yet targeting assessments rarely integrate maternal health data, despite its availability. Likewise, precautionary evacuations often exacerbate risks for pregnant and postpartum women, who face miscarriage, stillbirth or complications when forced to evacuate without assisted transport or obstetric support.

Women and girls continue to face widespread conflict-related sexual and gender-based violence, including rape, sexual slavery, forced marriage and other forms of sexual violence. Within the application of IHL survivors of sexual violence should be regarded as

238 F Ní Aoláin, N Cahn, D Haynes and N Valji, *The Oxford Handbook of Gender and Conflict* (OUP 2018) 7–9.

239 UN Women, Facts and Figures, Women, peace and security, October 2025; Samantha J Hay *et al*, 'Implications of Armed Conflict for Maternal and Child Health: A Regression Analysis of Data from 181 Countries for 2000–2019' (2021) 18(9) *PLOS Medicine;* MSF, *Maternal Death: The Avoidable Crisis, March 2012.*

240 S. Hay *et al*, 'Implications of Armed Conflict for Maternal and Child Health: A Regression Analysis of Data from 181 Countries for 2000–2019', (2021) 18(9) *PLOS Medicine.*

241 *Ibid.*; Human Rights Watch, *They Set Up Fires in the Health Center: Attacks on Health Care in Eastern DRC* (2014); MSF, *Sudan Activity Report* (2023 and 2024); MSF, Gaza: Maternal and child health suffer under a decimated system, July 2024; OCHA, Humanitarian Situation Update No.347, 17 December 2025; UNFPA, With maternity centers under attack, more women are at risk of dying in pregnancy and childbirth in Ukraine, December 2025; WHO/UNFPA, *Impact of Attacks on Health Care in Ukraine and Disruption to Maternity Services*, 2025

242 UNFPA, With maternity centers under attack, more women are at risk of dying in pregnancy and childbirth in Ukraine, December 2025

243 IWAG on Reproductive Health in Crises, *Examining Maternal and Newborn Health in Conflict-Affected Contexts: Country Profiles*, March 2025.

'wounded and sick' and are entitled to medical care required by their condition, without adverse distinction.[244] This includes timely and comprehensive post-rape care such as clinical management of rape, treatment of injuries, HIV post-exposure prophylaxis, emergency contraception, psychosocial support and other necessary medical interventions. Where rape results in pregnancy, denial of access to safe termination services can cause severe physical and psychological suffering; despite this access to safe abortion services is still not universally recognised as part of life-saving and health-preserving treatment for rape survivors.[245] While IHL does not expressly regulate abortion, the obligation to provide non-discriminatory medical care required by the condition, read alongside the prohibition of cruel, inhuman or degrading treatment, supports access to comprehensive medical care, including safe abortion services..

IHL further requires parties to armed conflict to allow and facilitate humanitarian assistance essential to the survival of the civilian population. For women and girls, such assistance must include not only food, water and shelter, but also uninterrupted access to sexual and reproductive health services, including emergency obstetric care, contraception, post-rape care, maternal nutrition, menstrual care kits and appropriate WASH facilities. Safe and non-discriminatory access to humanitarian assistance is also essential: women and girls—including female-headed households—may be unable to reach distribution points because of caregiving responsibilities for younger or older family members, restrictive norms, documentation barriers, or mobility constraints, and they may face heightened risks of sexual and gender-based violence, exploitation, harassment, or other gender-based discrimination at and around distribution sites. Where humanitarian relief is not designed and delivered in a gender-inclusive manner women and girls are exposed

244 GCI, Art. 12; GCIV, Arts. 16 and 27; API Art 10; APII Art 7; ICRC, CIHL Study, Rules 88 and 110.

245 See amongst others; MSF, *Safe Abortion Care in Humanitarian Settings* (2019); Human Rights Watch, *"They Told Us to Just Die": Sexual Violence, Health Care Denial, and Humanitarian Failures* (2019) 48–56; H. Durham, 'International Humanitarian Law and the Protection of Women', in Helen Durham and Tracey Gurd (eds), *Listening to the Silences: Women and War*, Martinus Nijhoff Publishers, Leiden, 2005, pp. 95–107.

to preventable maternal and reproductive health complications, hunger and poor health outcomes, increased exposure to sexual-exploitation and early/forced marriage as a survival strategy, school drop-out due to unmet menstrual hygiene and longer-term social and economic harm through disrupted education, reduced livelihoods prospects, and deepened poverty and dependency.

Detention of female prisoners of war is a further area that is often overlooked. Progress has recently been made regarding interpretation of the laws relevant to the treatment of female prisoners thanks to the updated ICRC Commentary to GC III (2020) which recognises women's participation in combat and that within detention settings they 'have a distinct set of needs and may face particular physical and psychological risks.' The Commentary goes on to provide detailed guidance on humane treatment including the provision of separate dormitories; ensuring physical safety and medical care; provision of appropriate clothing, work and recreational activities, adequate and nutritionally adjusted food rations, and safe, regular and dignified access to women-only sanitation facilities and sufficient sanitary products, with due regard to the distinct and disproportionate harms women face when such needs are not met. Despite the clear guidance, these standards appear not to be met in practice.[246]

Gaps in the interpretation, application and monitoring of IHL

- **Maternal and reproductive harms under-recognised in proportionality and precautions.** Foreseeable harms to women's health—such as increased maternal mortality, stillbirth, miscarriage and obstetric emergencies arising from attacks on healthcare, displacement and service collapse—are rarely integrated into proportionality assessments or precautionary planning, despite the availability of public health and epidemiological data.

- **Narrow framing of women's protection.** IHL protections are often operationalised through a limited focus on sexual violence or on expectant and nursing mothers, obscuring the broader spectrum of predictable harms women and girls face across all phases of conflict, including targeting decisions, evacuation, displacement, detention and humanitarian access.

- **Failure to provide rape survivors with complete medical care.** Although IHL requires that survivors of sexual violence be treated as wounded and sick and provided medical care required by their condition without adverse distinction, this obligation is inconsistently applied in practice, resulting in gaps in access to comprehensive post-rape care, including emergency contraception, psychosocial support and, where pregnancy results from rape, access to safe termination services.

- **Humanitarian assistance obligations insufficiently operationalised for women and girls.** Requirements to allow and facilitate humanitarian assistance essential to survival of the civilian population are often implemented in gender-neutral ways that fail to account for women's specific health needs, caregiving roles, and barriers to access, rendering assistance formally available but substantively inaccessible.

- **Evacuations insufficiently gender-responsive.** Precautionary evacuation practices frequently fail to account for pregnancy, postpartum needs and caregiving responsibilities, exposing women and girls to heightened risks of exclusion from safe evacuations,

246 See for example, OHCHR, *Treatment of prisoners of war and persons hors de combat in the context of the armed attack by the Russian Federation against Ukraine: 24 February 2022 – 23 February 2023*, 24 March 2023 §§8, and 76-81; OHCHR, *41st periodic report on the human rights situation in Ukraine* (covering 1 Sept–30 Nov 2024), 31 December 2024, §46.

health complications, violence and deprivation.

- **Detention standards for women detainees unevenly applied.** Despite clear guidance on the treatment of women detainees—including access to sexual and reproductive health care, hygiene products and accommodation for infants—such standards are often unmet

Recommendations for closing the protection gaps

1 *Integrate foreseeable harms to women's health into proportionality and precautionary assessments*

- **What:** Arms bearers must explicitly assess foreseeable maternal and reproductive health harms when planning and conducting military operations.
- **How:** Arms bearers should incorporate maternal health indicators (e.g. access to emergency obstetric care, maternal mortality risk, displacement impacts) into targeting assessment and reviews; and apply heightened restraint and precautionary measures where proposed attacks or evacuations are likely to disrupt maternity services or expose pregnant and postpartum women to increased harm.

2 *Operationalise IHL obligations on care for survivors of sexual violence*

- **What:** Survivors of sexual and gender-based violence must be consistently treated as wounded and sick and provided all the medical care required by their condition, without adverse distinction.
- **How:** Arms bearers must ensure military and detention policies explicitly recognise comprehensive post-rape care obligations, including clinical management of rape, psychosocial support, emergency contraception and, where pregnancy results from rape, access to safe termination services consistent with medical needs.

3 *Ensure gender-inclusive humanitarian assistance essential to civilian survival*

- **What:** Humanitarian assistance must be designed and delivered to meet women's and girls' specific needs and enable safe, non-discriminatory access.
- **How:** Arms bearers, humanitarian service providers, as well as donors should prioritise sexual and reproductive health services, maternal nutrition, menstrual hygiene and appropriate WASH facilities; adapt distribution modalities to accommodate caregiving responsibilities; implement measures to prevent and mitigate SGBV at and around distribution sites.

4 *Implement gender-responsive evacuation and displacement measures*

- **What:** Evacuations and displacement practices must account for pregnancy, postpartum needs and caring roles.
- **How:** Provide assisted transport, extended warning times and access to obstetric support during evacuations; assess displacement impacts through sex-disaggregated data and monitor coercive practices that disproportionately affect women.

5 *Strengthen compliance with detention standards for women*

- **What:** Ensure humane and non-discriminatory treatment of women in detention.
- **How:** **Parties to conflict that are holding female detainees must implement detention standards for women**, including safe-guarding against sexual and gender based violence, access to gynaecological and obstetric care, hygiene products, separate accommodation, support for infants and adequate nutrition. Ensure independent monitoring and gender-sensitive training of detention personnel.

Conclusions

This report affirms that, under international humanitarian law, inclusion is not a matter of choice, goodwill or policy discretion, but a legal prerequisite for the law's effective and lawful application. Inclusion, as understood here, means ensuring that IHL is interpreted, applied and monitored in a contextualised and tailored manner that reflects the reality of who civilian populations are, and how different groups experience harm in armed conflict. Civilians are not a homogenous category. They are a diverse population whose exposure to harm is shaped by age, gender, disability, ethnicity, religion, sexual orientation, migration status and other identity markers, as well as by how these identities intersect.

Where civilian diversity is not recognised, the result is predictable and recurring protection gaps that undermine one of IHL's core purposes: to limit the suffering of all civilians affected by armed conflict. As this report has shown, under-inclusive interpretations of IHL rules—across the conduct of hostilities, protection of healthcare, humanitarian assistance, displacement, and detention—systematically exclude certain civilian groups from meaningful protection. Men may be incorrectly presumed to be combatants; maternal and reproductive health harms may be overlooked in proportionality assessments; children's heightened vulnerability to explosive weapons is not

reflected in operational procedures; persons with disabilities, older persons, caregivers and unaccompanied children are excluded from evacuation; minorities face language and access barriers; and "medical care" is interpreted too narrowly to encompass the needs of women and girls, LGBTQI+ persons, or the rehabilitative services and assistive devices essential to persons with disabilities and older persons.

These failures are compounded by inadequate data collection and monitoring. Where civilian harm data is not disaggregated by age, sex, disability or other relevant characteristics, foreseeable harms remain invisible in decision-making. The absence of disaggregated data can significantly hinder effective protection. Without such information, arms bearers, humanitarian actors and accountability mechanisms may struggle to fully assess whether IHL protections are reaching all civilians, or to identify patterns of harm that disproportionately affect certain groups. At the same time, limitations in data availability do not diminish the obligation to apply IHL inclusively; where disaggregated data are unavailable, decision-makers must draw on qualitative analysis, contextual knowledge and engagement with affected communities to ensure that foreseeable risks to diverse civilian populations are not overlooked.

At the same time, this report recognises the limits of IHL. IHL is not designed to serve as a comprehensive framework for social transformation, nor can it dismantle the deeply rooted inequalities, patriarchies and forms of discrimination that predate armed conflict. It is a body of law intended to regulate conduct in the abnormal and exceptional circumstances of armed conflict, not to codify evolving societal values—that role is more properly fulfilled by international human rights law. Yet acknowledging these limits does not weaken the case for inclusion under IHL; rather, it clarifies it. What IHL can and must do is ensure that existing inequalities are not reproduced or exacerbated through its interpretation and application, and that no civilian group is excluded from its protections on the basis of their inherent identity.

An inclusive application of IHL also requires a shift in how civilians are perceived. Children, older persons, persons with disabilities, women, minorities and LGBTQI+ persons are not merely passive recipients of protection, but rights-holders with agency, capacities and contributions to community resilience and peacebuilding. Recognising this does not dilute protection; it strengthens it, grounding IHL implementation in the lived realities of those the law is intended to protect.

The findings and recommendations of this report therefore point to a clear conclusion: **inclusion must be treated as a baseline for effective IHL implementation, not as an optional add-on**. Embedding inclusion into legal interpretation, operational planning, humanitarian response, data collection, monitoring and accountability is essential to fulfilling IHL's protective purpose. Where this is done, civilian harm can be reduced and protection made meaningful. Where it is not, protection will remain fragmented, partial and predictably exclusionary.

Ultimately, inclusion gives effect to IHL's promise. It ensures that the law speaks not to an abstract civilian, but to the real people living through armed conflict—and that its protections reach all those they are meant to protect.

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