



DENMARK
United Nations
Security Council
2025-2026



UN Security Council Arria-Formula Meeting

Organized by Denmark, New Zealand and Spain

A Decade of Resolution 2286: Protecting Medical Care in Conflict Amid Evolving Threats

May 5, 2026, 15:00-18:00

ECOSOC Chamber

United Nations Headquarters, New York

Background and Rationale

2026 marks ten years since the adoption of Security Council Resolution 2286 (2016) on the protection of the wounded and sick, medical personnel and humanitarian personnel exclusively engaged in medical care in armed conflict. The resolution was a milestone affirmation of the obligations of all parties to armed conflict to respect and protect medical personnel and humanitarian personnel, their means of transport and equipment, as well as hospitals and other medical facilities. It ensures that the wounded and sick receive, to the fullest extent practicable and with the least possible delay, the medical care and attention required. In addition, the resolution underscored the importance of bringing to justice those who violate international humanitarian law as provided for by national laws and obligations under international law. The Secretary General responded the Council's request in resolution 2286 by issuing a set of recommendations on how to enhance the protection of the medical mission in armed conflict.^[1]

A decade later, however, significant implementation gaps remain, and medical personnel and their facilities continue to come under attack in conflicts worldwide, with thousands of attacks on medical care recorded. The rising pattern of medical facilities coming under attack, coupled with a persistent accountability gap and unfulfilled legal obligations to respect and protect healthcare in armed conflicts, underscore how far these pledges remain from being realized.

[\[1\] Recommendations of the UN SG, submitted pursuant to para 13 of SC resolution 2286 \(2016\), on measures to prevent acts of violence, attacks and threats against the wounded and sick, medical personnel and humanitarian personnel \(S/2016/722\). \[EN/AR\] - World | ReliefWeb](#)

At the same time, new and emerging technologies both represent opportunities and challenges in ensuring the fulfilment of these obligations. For example, cyber operations have rendered hospital computer systems inoperable, disabled critical medical infrastructure, and compromised patient data. The use of AI decision-support systems raises concerns about over-reliance on rapid, automated outputs, potentially displacing human judgement for critical decisions that must observe obligations under international humanitarian law to protect personnel exclusively engaged in medical duties and their facilities.

Conversely, new technologies may also provide new opportunities to enhance IHL compliance through improvements in design and data.

In this evolving landscape, it is critical to consider how the UN Security Council and the broader UN membership can adapt to these developments and strengthen the protection of the medical mission in armed conflict in the decade ahead.

Objective

This Arria-formula meeting will provide an informal space for the Security Council and the wider UN membership to reflect on the implementation of the resolution, key developments, and emergent threats and opportunities to the protection of medical mission in armed conflict since 2016. It will also allow for the consideration of practical ways to strengthen accountability and the protection of medical care in armed conflict settings for the years ahead.

Guiding Questions

1. How can the Security Council and the broader UN membership better reflect and respond to the growing dangers facing medical care within the Protection of Civilians agenda, and what new tools, mechanisms, or commitments should be considered at this major milestone?
2. What measures can be taken to strengthen the implementation of international humanitarian law and to ensure that it is interpreted and applied consistently by all parties in this area?
3. How do we safeguard the risks posed by new and emerging technologies, and how can we utilise the opportunities that these technologies represent in ensuring compliance with international humanitarian law?
4. What new measures or mechanisms can enhance accountability for attacks on healthcare and for undue interference with medical services exclusively engaged in medical duties, and how can the UN Security Council and the broader UN membership better address violations of international humanitarian law?

Opening remarks

- H.E. Ambassador Christina Markus Lassen, Permanent Representative of Denmark
- H.E. Ambassador Hector Gomez Hernandez, Permanent Representative of Spain
- H.E. Ambassador Carolyn Schwalger, Permanent Representative of New Zealand

Briefers

1. Ms. Claude Maon, Intersectional Legal Director of Médecins Sans Frontières / Doctors Without Borders (MSF)
2. Professor Len Rubenstein, Johns Hopkins Bloomberg School of Public Health, Safeguarding Health in Conflict Coalition (SHCC).
3. Professor Naz. K. Modirzadeh, Harvard Law School, Director of the Harvard Law School Programme on International Law and Armed Conflict (PILAC).
4. Ms. Elyse Mosquini, Permanent Observer of the International Red Cross and Red Crescent (ICRC) to the United Nations.

Format and Participants

All Member States of the UN, Permanent Observers, UN entities, non-governmental organizations accredited to the UN, civil society and academia are invited to attend. Following the panellists' interventions, members of the Security Council will be invited to take the floor.

Delegations wishing to take the floor are kindly invited to request speaking slots in advance through the RSVP link [HERE](#) by end of day Friday May 1st.

For any questions, please reach out to Alex Jonathon Dunne (aledun@um.dk), María José Caffarena (mariajose.caffarena@maec.es) or Ben Schaare (ben.schaare@mfat.govt.nz).

All delegations are requested to speak no more than two minutes which will be strictly enforced to allow as many speakers as possible. Interpretation will be provided.