



SPECIAL APPEAL 2025

EMERGENCY LIFELINE



ICRC

HEALTH SERVICES: AMONG THE FIRST CASUALTIES OF CONFLICT

Health services are needed the most during armed conflict, and yet, it is when they are most vulnerable to attack or disruption. Between the start of 2023 and the end of 2024, the World Health Organization (WHO) recorded over 3,000 attacks that had an impact on health services, despite the protection due to them under international humanitarian law (IHL).¹

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In many places affected by conflict or other situations of violence, hospitals, clinics or ambulances are destroyed or damaged in bombing, shelling and gunfire. Health workers are killed, abducted, harassed, threatened or forced to flee. For every facility destroyed and health worker killed, countless people are left without the care they need.

Wounded or sick combatants and civilians are also attacked or blocked from accessing the care they need. Road closures, checkpoints or active fighting prevent or delay ambulances from reaching people and taking them to medical facilities for life-saving services. “Last mile” populations – those living in hard-to-reach areas or who are otherwise underserved – face additional barriers, such as remoteness or extreme poverty, that hinder them from obtaining health services.²

Armed conflict also affects health systems in many other ways. Hostilities disrupt the provision of water, electricity and supplies necessary to deliver life-saving care. The volume of needs in places affected by armed conflict or other violence can overwhelm service providers, particularly when there are mass-casualty situations or other emergencies. In places enduring protracted conflict, health systems are weakened by periodic crises and may be chronically underfunded: facilities go unmaintained and are only partially operational or non-operational.

The delivery of good-quality health services requires well-trained staff. However, there is a growing worldwide scarcity of such workers. The World Bank estimates that there will be a shortage of 15 million health workers worldwide by 2030.³ This is exacerbated in conflict zones by the exodus of staff, attacks against health workers, and disruptions to their education. A trend of early clinical specialization has meant that fewer generalists can address a wide range of concerns.

Health needs in conflict-affected areas are spread across all levels of care, but the need for emergency and life-saving medical and surgical services is particularly acute. In 2024, over 70,640 surgical admissions for weapon wounds were recorded at hospitals supported by the International Committee of the Red Cross (ICRC), an increase of almost 50% compared to 2023.

In addition to physical wounds, people living with armed conflict and other violence have to deal with the invisible scars left by the fighting on their mental and psychosocial well-being. More than one in five people in areas affected by conflict suffer from a mental illness, and about 9% of conflict-affected populations have a moderate to severe mental-health condition, substantially higher than the global estimate for these conditions in the general population.⁴

The need to ensure that wounded and sick people in areas affected by conflict or other violence have safe access to health care is an ever-growing concern. It is estimated that by 2030, up to two-thirds of the world's extreme poor will reside in countries impacted by fragility, conflict and violence.⁵ The number of armed conflicts worldwide has increased in recent years; around 130 armed conflicts are being fought globally, based on the ICRC's legal reading. Many people live in areas beyond the reach of state services or most humanitarian actors: according to data gathered by the ICRC in 2024, around 210 million people live in territories over which armed groups exercise some degree of intermittent or permanent control.⁶ Enabling humanitarian actors and health workers to reach conflict-affected people, and consequently, giving people access to life-saving services, is a challenge that needs to be addressed through sustained efforts at both the global and local levels.



Democratic Republic of the Congo, 2025. Riziki was running her small shop in Bweremana when she was hit by fragments from an explosion during the intense hostilities in January. She was brought to the ICRC-supported CBCA Hospital in Goma, where she received surgical care. She and many others who were severely wounded have a long road to recovery in hospital.

OUR DISTINCTIVE ROLE: A UNIQUE HUMANITARIAN MANDATE AND OPERATIONAL EXPERTISE ENSURING A LIFE-SAVING CONTINUUM OF CARE

Deriving our mandate from the 1949 Geneva Conventions and their Additional Protocols, we strive to protect and assist people affected by armed conflict and other situations of violence, and to promote and strengthen IHL and humanitarian principles. We work with other members of the International Red Cross and Red Crescent Movement (hereafter Movement) and with other pertinent actors.

Because of our extensive operational experience and specific areas of expertise in health care, we are uniquely placed to address the health-related concerns and ensure the well-being of people caught in conflict. We operate where few can, leveraging our unmatched access in conflict zones to respond to the needs of the people most difficult to reach.

Using a multidisciplinary approach, we aim to deliver a comprehensive response that ensures a continuum of care – from humane, timely and effective first-aid treatment for the wounded and sick to comprehensive and holistic hospital care – with a sustainable impact.

We start by urging authorities and weapon bearers to adhere to IHL from the beginning of an armed conflict. This encompasses safeguarding and respecting the protected status of health services, thus ensuring the protection of the medical mission so that everyone has access to health care, a universally recognized right.

We work towards reducing the catastrophic impact of war on civilians, making sure that the wounded and sick safely and promptly receive effective first aid according to their needs, and are then referred to the right place for further care. This can mean the difference between life and death. Our support for hospitals helps make much-needed treatment available close to where people live, bolstering the continuum of care. We have developed expertise in the highly specific field of war surgery, and our role often extends beyond providing care directly to patients. To ensure sustainability and scalability, we conduct training sessions in local hospitals and universities, enabling staff to deliver the specialized treatment that weapon-wounded people require. We also offer broader hospital support for other life-saving and emergency interventions, when needed. This includes, but is not limited to, emergency obstetric care, noting that the need for health services does not stop during conflict, nor is it limited to the weapon-wounded. We aim for sustainable outcomes by working with partners and the health authorities concerned, when possible. We help repair devastated health facilities and support those running them to ensure these structures are safe and adequately supplied with medicine and equipment.

This section outlines the key elements of our approach, describing how our work is centred on protecting the lives and dignity of people affected by armed conflict and other violence and promoting respect for IHL. It also describes how we operate as part of the Movement to address the needs of conflict-affected people around the world. A more detailed overview of our activities can be found in the “How we do it” section.

A MANDATE SET OUT IN THE GENEVA CONVENTIONS



In war, how can the right to health be fulfilled if hospitals are bombed? ... There is no right to life when civilians, and the infrastructure they rely on for survival, are systematically targeted. International humanitarian law exists to protect them in times of war.

– **Mirjana Spoljaric, ICRC President**, [speech given at the 58th session of the Human Rights Council](#), February 2025

One of the specificities of the war-wounded and those who care for them is their connection with IHL and the Movement. Looking after the wounded and sick in armed conflict has always been linked to our history, identity, values and reputation, and protecting them was the founding principle behind the first treaty of humanitarian law. These two goals – improving care for wounded soldiers and protecting those who care for them – were the heartfelt appeals made by Henry Dunant, co-founder of the Red Cross and Red Crescent Movement and initiator of the first Geneva Convention, after witnessing the suffering of wounded soldiers at the Battle of Solferino in 1859.

The 1949 Geneva Conventions and their Additional Protocols form the bedrock of IHL and play a crucial role in protecting health services during armed conflict by setting legal obligations for warring parties to safeguard people's access to these services. Violations of these laws endanger health systems and significantly hinder the ability of medical services to respond effectively to the needs of the population, exacerbating the humanitarian consequences of conflict. Upholding IHL is essential to mitigating the devastating impact of conflict on health services, ensuring that people retain access to the care they require and reducing the long-term impact on their health. As the guardian of IHL, we endeavour to prevent suffering by promoting and strengthening IHL and the protections it affords to health services.

PREVENTION: SYSTEMIC MEASURES AND FRONT-LINE ACTION TO FOSTER AN ENVIRONMENT CONDUCIVE TO RESPECT FOR THE MEDICAL MISSION

Health care in conflict settings is one of the foremost concerns in discussions related to IHL and policy issues. This includes a range of challenges such as attacks on medical personnel, facilities and transports; interference with their work; the misuse of medical infrastructure and vehicles for military purposes; and the denial of assistance or destruction of essential facilities as a tactic of war. It also covers concerns about the involvement of non-neutral actors in front-line emergency medical response, where their impartiality may be questioned, as well as the application of key IHL principles – distinction, proportionality and precaution – in the conduct of hostilities.

Preventing attacks on health services and making sure that people affected by armed conflict and other violence have access to health care is a priority for the ICRC. We promote compliance with IHL by engaging with those who can determine, directly or indirectly, the fate of those affected by armed conflict, to influence their behaviour. Through dialogue with, and training for, pertinent stakeholders (e.g. authorities, weapon bearers, policymakers, lawmakers, the judiciary, academics, religious groups, the media, international organizations), we influence structures and systems to ensure that preventive frameworks translate into real-world impact, reducing attacks on health services and fostering safer environments.

We also carry out front-line prevention efforts. We engage with weapon bearers active in the conflict to reduce attacks on health services. We work with communities to develop safer practices to prevent them from taking risks, foster trust to facilitate access to people in need, and promote cooperation towards tackling the issue. We are one of the few actors that carry out a full spectrum of prevention activities to accelerate the translation of preventive frameworks into protective practices.



Peru, 2025. We hold introductory IHL workshops for military officers in the Apurímac, Ene and Mantaro Valley. We have been engaging in dialogue with the armed forces and helping to expand their knowledge of IHL, fostering greater respect for civilians and civilian infrastructure, such as health facilities.

PROTECTION: UPHOLDING THE RIGHTS OF PEOPLE AFFECTED BY ARMED CONFLICT

At the ICRC, ensuring people's access to health care is a central part of our protection efforts – including our dialogue with parties to conflict on people's concerns, and our work to strengthen the application of laws and policies. We strive to defend the rights of people affected by conflict and encourage the pertinent parties to prioritize the safety of civilians and persons *hors de combat*, especially those seeking or providing medical services, who are afforded specific protections under IHL.

Leveraging our field network and proximity to communities, we engage with conflict-affected people to monitor their situation and document their humanitarian concerns, including allegations of IHL violations. We then raise these matters – bilaterally and confidentially – directly with the pertinent stakeholders, urging them to respect the rights of people affected by conflict, fulfil their obligations under IHL and other applicable norms, address people's needs, and end or prevent violations. This dialogue often involves reminding parties to conflict of their obligation under IHL to safeguard health services and facilitate people's access to health care and humanitarian aid. We call for providing the best possible services to the largest number of people, taking into consideration local capacities and security constraints while including groups who are often marginalized or whose needs are invisible.

We seek to strengthen community-based protection measures, working with people to develop or reinforce ways that they can reduce their exposure to risks and bolster their positive coping mechanisms. Our health programmes can also contribute to protection outcomes by strengthening communities' resilience and ensuring that essential services are available in safe areas close to where people live.

COOPERATION: LEVERAGING THE WORLD'S LARGEST HUMANITARIAN NETWORK

As part of the Movement, we benefit from a vast and unparalleled network of National Red Cross and Red Crescent Societies (hereafter National Societies) that operate in nearly every country around the world. These local partners possess a deep knowledge of the communities where we work, allowing us to deliver tailored and contextually appropriate emergency health services. Within the Movement, we lead efforts to prevent attacks on health services and make sure conflict-affected populations have access to good-quality emergency health care. We also work to ensure that our collective response is coordinated, complementary and guided by our shared humanitarian principles.

Through this network, we work with our Movement partners to support conflict-affected people, helping improve the accessibility and quality of emergency health services. In some contexts where referral pathways are limited or non-existent, we play a key role in facilitating safe access to ethical and survivor-centred life-saving care.

Our cooperation with other components of the Movement amplifies our impact and reinforces our ability to address emergency health needs at scale. By leveraging the unique strengths of the ICRC and our Movement partners, we ensure that wounded or sick people are supported wherever they are.



Through the combined efforts of Movement partners, the Red Cross field hospital in Rafah was set up in May 2024 to help address the growing needs in the Gaza Strip. It provides round-the-clock access to medical care for hundreds of people a day and offers a broad palette of services – including from two ICRC surgical teams – such as outpatient and emergency consultations, surgical treatment, antenatal/postnatal care, mental-health and psychosocial support, and physical rehabilitation.

The hospital is being run by the ICRC and the Norwegian Red Cross in partnership with more than a dozen other National Societies. These National Societies are those of Australia, Austria, Canada, China (Hong Kong branch), Denmark, Finland, France, Germany, Iceland, Japan, Sweden, Switzerland, and the United Kingdom of Great Britain and Northern Ireland. Hospital activities are carried out in coordination with the Palestine Red Crescent Society.

2025 TARGETS FROM ICRC OPERATIONS AROUND THE WORLD*



523 hospitals will be supported, either regularly or with emergency assistance



46,200 people will be trained in first aid and pre-hospital care



60,728 mental-health and psychosocial support sessions will be facilitated



137 health facilities will benefit from ICRC construction or repair projects

* These figures represent the targets of the activities included in the Special Appeal, and may not exactly match the figures presented in the ICRC's Appeals 2025.

HOW WE DO IT: A MULTIDISCIPLINARY APPROACH TO MEETING EMERGENCY HEALTH NEEDS DUE TO CONFLICT

Around the world, people face the destructive and far-reaching consequences of armed conflict on their health. Addressing their complex emergency needs requires a holistic and carefully tailored approach.

At the ICRC, we deliver a unique multidisciplinary response that comprehensively addresses emergency needs in places affected by armed conflict or other situations of violence. We work to urge protection for those seeking or providing health services, ensure that people have access to good-quality medical services along the continuum of care and improve global policies and practices in emergency care.

WE TAKE ACTION TO PREVENT AND MITIGATE ATTACKS ON HEALTH SERVICES

IHL sets out obligations for parties to armed conflicts to protect access to health care. The general principle for the treatment of the wounded and sick is that they must be treated humanely and given the medical care their condition requires. No distinction should be made among them, except on the basis of their medical needs. To ensure effective help for the wounded and sick, IHL states that medical personnel, medical units, ambulances and other transports exclusively carrying out medical duties or purposes must always be respected and protected. Such protection would only cease if medical facilities or vehicles were being used for military purposes, and where a warning to stop such acts has been disregarded.

However, despite the established legal framework, health services are far too often attacked or otherwise disrupted, leaving the wounded and sick without essential care when they need it most. To help reduce the risk of attacks on health care and to improve people's access to services, we engage in activities aimed at addressing the root causes of these abuses and promoting compliance with IHL and other applicable norms.

Our activities include:

PROMOTING COMPLIANCE WITH IHL

Respect for IHL saves lives: it keeps hospitals open and functioning, enables health workers to safely provide services, allows medical supplies to be delivered and ensures that the wounded and sick reach health facilities to receive the care they require. We therefore remain vigilant in guarding against the erosion of respect for IHL, engaging with all pertinent parties to promote compliance with IHL and urging them to take measures to prevent and correct harmful behaviour.

We promote respect for and protection of health services and enable their safe delivery, ensuring an effective humanitarian response when conflict occurs, by urging that all parties to armed conflict comply with IHL, including its provisions relevant to the protection of health services. We speak with all pertinent parties, including members of armed groups.

ADDRESSING THE ISSUE OF HEALTH CARE IN DANGER

Health Care in Danger, a Movement initiative, aims to bring attention to and tackle the issue of violence against patients and against health workers, facilities and vehicles, thereby facilitating safer access to and delivery of health care in armed conflict and other emergencies.

To address this complex issue, we engage a diverse range of actors in developing and implementing solutions through a multidisciplinary approach. Almost all ICRC delegations carry out activities related to the Health Care in Danger initiative, collaborating across areas of expertise like protection, health and communication. We work closely with local stakeholders, such as authorities and health-care professionals, to ensure that our activities are suited to the local context and have a sustainable impact. We take concrete actions in the following areas:

Urging weapon bearers to respect and protect health services

In our dialogue with pertinent stakeholders, we remind them of their obligations under applicable law to respect and protect the wounded and sick, safeguard medical personnel, facilities and vehicles, and facilitate people's access to health services. We organize training sessions, workshops and events for weapon bearers – including troops in the field, commanders or other high-ranking officials, and instructors in training institutions. We also provide advice to help them integrate IHL into their training, doctrine and operations. We have developed recommendations and guidance documents for various weapon bearers – including armed forces, armed groups and the police – presenting concrete measures they can take to ensure people have access to health services without discrimination.

This dialogue has led to concrete improvements. For example, in Ethiopia, our discussions with weapon bearers in 2024 regarding instances when access to health care was obstructed led them to grant us access to deliver medical supplies to hard-to-reach areas.



Damage seen at the Al Amal Hospital in Khan Yunis, in the southern Gaza Strip, in 2024. The hostilities have led to the widespread collapse of health and other critical infrastructure in Gaza.

Engaging with states to promote measures to safeguard health care

States play an important role in ensuring compliance with IHL, including respect and protection for health services. They must train and discipline their personnel, empower their judiciary to prosecute and punish those who commit violations, push others to comply, and cooperate with international institutions to boost respect for IHL and accountability. We work with lawmakers, judicial authorities, National Societies and other key stakeholders to improve legal protection for patients, health personnel and medical facilities. Our focus is on promoting international treaties and strengthening domestic legislation to prevent and address violence against health services. To this end, we provide expert advice, organize workshops, training sessions or awareness-raising events, and coordinate the efforts of those involved. For example, we promote laws to protect medical personnel, facilities and transports from violence and to safeguard the emblems protected under IHL – such as the red cross, red crescent and red crystal, which help identify medical staff.

Equipping and training health-care providers

We help health workers prepare for situations where their lives may be in danger. Through training or dissemination sessions, they learn ways to de-escalate potentially violent situations, so that they can mitigate risks to their safety and become more aware of their rights and responsibilities in volatile situations. We also give authorities and hospital administrators advice for adopting protocols and contingency plans to ensure the safety and security of staff, facilities and vehicles.

Increasing public respect for health services

When the public does not understand medical practices or respect health-care professionals, health staff can be threatened, abused, or even killed. To address this, we run campaigns aimed at changing behaviours that lead to violence. These campaigns are tailored to each context, as practices vary. For example, in some cultures, large family visits to the sick or wounded can overcrowd health facilities and create a risk of violence. These campaigns can take various forms such as printed materials, social media, television, radio or dissemination sessions. For example, in 2021, we ran a media campaign in Lebanon that involved sharing videos on social media and broadcasting them on television, intending to raise awareness of the issue. The videos on social media received significant views, while the posts garnered numerous reactions and shares, reflecting an engagement rate above the median for the platforms. The use of social media also enabled us to interact with the public: people shared their personal experiences and views on the issue through comments or direct messages. In 2024, activities to raise awareness of the issue of violence against health services were carried out in Myanmar, Nigeria, Somalia and other countries.

WE DELIVER LIFE-SAVING MEDICAL SERVICES THAT BOLSTER THE CONTINUUM OF CARE

Responding to health emergencies is a cornerstone of our humanitarian work. Since our founding, we have been dedicated to delivering and advancing care for the weapon-wounded.

Thanks to our unique access and proximity to conflict-affected people, we are well-placed to deliver life-saving care, often supporting local authorities' programmes and national response plans. Our activities are adapted to the realities and resources on the ground to efficiently and effectively address people's needs. Through our multidisciplinary approach, we go beyond health care, ensuring that clean water, electricity, sanitary surroundings, nutritious meals and well-equipped hospital facilities are available. We focus on building local capacities to enable the sustainable provision of care. Our health programmes incorporate Health Care in Danger activities as standard practice, to make sure that the personnel of the health facilities we support remain safe while carrying out their duties.

We recognize that effective management of the wounded and sick involves a continuum of care: access to comprehensive services that address a person's health needs from the time a health condition is identified until they recover. This involves creating links between various health services – including primary health care, first aid and pre-hospital care, medical care, specialized services, physical rehabilitation and mental-health and psychosocial support. To ensure the provision of the entire range of health services, we work in partnership with National Societies, health ministries and local service providers: we give them support, mobilize them to respond, or refer people in need to them. Where needed, we fill gaps, providing care directly to patients. We aim for sustainable outcomes, rehabilitating devastated health infrastructure and ensuring that they are adequately supplied with medicines and equipment and are safe.

Our activities include:

FIRST AID AND PRE-HOSPITAL EMERGENCY CARE

Since its foundation, the Movement has been predominantly associated with providing first aid. It pioneered the concept of immediate response by first-aiders and community members to the consequences of war, disasters and epidemics. It was the first to promote the idea that immediate care could and should be provided by trained first-aiders and local community members in the aftermath of war, disasters and epidemics. Building on this legacy, the ICRC plays a vital role in supporting and coordinating first-aid initiatives in contexts affected by armed conflict and other situations of violence. Through our first-aid and pre-hospital emergency care programmes, we ensure that the wounded and sick receive safe, humane and effective treatment delivered by skilled emergency responders or are referred to the right place for further care. This can mean the difference between life and death. Our first-aid programmes are underpinned by the humanitarian values of neutrality and impartiality and adapted to the realities on the ground. They rely on a pragmatic approach, taking into account the safety of both victims and emergency responders, providing psychological support when needed and working closely with National Societies and other partners to coordinate our response.

Providing timely treatment to the wounded and sick

We support the delivery of first aid in places affected by armed conflict or other violence. We provide supplies and equipment to first responders, train various groups in first aid – often in remote areas where no other organization has access – and deploy medical staff to operate first-aid posts when necessary. We also provide expert advice to National Societies for adapting their first-aid programmes to the context of armed conflict. In 2024, over 139,000 people were treated at first-aid posts, mobile first-aid units and other service points that we supported. Timely treatment is needed along the continuum of care, with the initial period after injury often referred to as “the golden hour”, as early and effective intervention can save lives. In addition to first aid, we integrate pre-hospital emergency care

into training for mass-casualty incident management to ensure the link between pre-hospital and hospital care. Recognizing the many entities involved to ensure casualties reach hospitals, we work with the police, civil defence, emergency medical services, the National Society and pertinent health authorities in several contexts on preparedness, including emphasis on the need for a strong interdisciplinary approach among services. We also support the sustainability of emergency services through support for formal education for paramedics to help them develop the professionalism needed.

Building local capacities in first aid

Our first-aid programmes are designed to provide emergency care in the short term while building local service providers’ capacities to deliver such care in the future, creating a system that allows sustainability and a wider impact. These activities are intended for various groups, including weapon bearers, mine-clearance personnel, health workers, community members and local emergency-response organizations. In 2024, around 1,400 first-aid training sessions were held for some 31,900 people. In our training, we give them the skills, tools and confidence to save lives without discrimination, wherever they are. Train-the-trainer sessions are also held, so that more personnel can be sustainably taught. In addition, we help develop the strategic, management and planning capacities of national and local institutions and team leaders to deliver such care.

The crucial importance of first aid

First aid is the initial assistance given to an injured or sick person until their condition is stabilized or remedied. Experience has shown that it is one of the most important factors determining the outcome of the management of the war wounded. First aid saves lives, improves the chances of survival and prevents complications that can lead to disability. It results in improved recovery times and can limit the extent of the injury, thus decreasing the burden on hospitals’ resources, enabling them to focus on critical cases. Around 40–60% of people wounded during armed conflict do not require hospitalization; first-aid measures and simple medication constitute all the treatment they need.



Libya, 2023. Security forces personnel learn first-aid techniques at a four-day ICRC training course, which includes a session on IHL. During an incident, military officers, security personnel and other weapon bearers are often the first to arrive at the scene. Equipping them with first-aid skills enables them to provide immediate help to the injured.

Including mental-health and psychosocial support from the first stage of care

Addressing mental-health needs is an integral part of our emergency response. Early intervention is critical, as it can help mitigate long-term psychological consequences.

We train health staff, National Society personnel, first responders, community volunteers and others on the front lines. Our support goes beyond the training session to include on-the-job mentoring and supervision, to ensure the application of their learning in day-to-day practice. At the same time, these first-aiders, first responders and other helpers are also exposed to distressing situations daily and often bear mental-health and psychosocial difficulties of their own. Through our mental-health and psychosocial support (MHPSS) programmes, we work directly with first-responder teams in the field. We provide guidance on self-care so they can look after themselves as well as training in basic psychological support, helping them offer reassurance and emotional support to victims, and communicate effectively. In 2024, our work enabled around 41,200 people – including first responders, health workers and other front-line actors – in areas affected by conflict or other situations of violence around the world to obtain mental-health and psychosocial support. We also trained over 3,400 people to provide this support. Psychological considerations are always integrated into our first-aid training to ensure a holistic approach. For instance, in the Syrian Arab Republic, we place a specific emphasis on offering psychological support to helpers. This support comes in the form of group sessions (about self-care), and training and awareness-raising sessions on providing MHPSS and adopting stress-management techniques.

Evacuating and referring the wounded and sick for further care

Optimal management of the injured involves a continuum of care from the point of wounding to the hospital: the chain of casualty care. Patients need to arrive in good condition, well-stabilized, promptly and according to priority for treatment. Through our pre-hospital emergency care programme, we ensure that they can be transported to hospitals or other facilities for further care, maintaining a crucial link between pre-hospital and hospital care. Given the importance of timeliness, our work seeks to make services readily available and to strengthen coordination between those involved in providing life-saving services. In 2024, some 91,400 people were transported through ICRC-supported pre-hospital services.



Ukraine, 2023. Vitalina works as a paramedic. Every day, she experiences the consequences of the international armed conflict between the Russian Federation and Ukraine, but at the same time, she never stops helping people. She has been receiving support as part of our “help the helpers” programme in Kharkiv.

The deployment of ambulances and pre-hospital emergency medical services in conflict-affected areas depends on factors such as security conditions, the number and severity of the wounded, access to health-care infrastructure, available resources for care and transport, access to surgical care, and the capacity of health-care facilities to treat patients. As with first aid, health authorities and staff can draw on our long expertise to develop and implement mechanisms for providing pre-hospital emergency care and for evacuating and referring the wounded and sick for treatment. We also support authorities or other organizations in setting up or operating ambulance services and developing the skills of emergency service providers, including paramedics. For instance, in Somalia, we support holistic pre-hospital care by providing incentives to hospital staff and volunteers, and donating ambulances and drugs to enable them to administer first aid. We also deliver basic and advanced training in first aid and mass-casualty management for National Society Action Teams, weapon bearers and other pre-hospital care providers.

Where needed, we transport people ourselves, particularly when they are in hard-to-reach areas. In the Democratic Republic of the Congo (hereafter DRC), for example, we help people from rural areas to travel to cities for further care via airlift; they can also be transported through a motorcycle-ambulance system that we helped set up and that the National Society manages. We also help health facilities improve their referral systems, so that people can get specialized care when they need it.



A field hospital cannot function in isolation. It relies on safe and reliable access – on ambulances to transport the wounded, and on secure routes to transfer patients to other facilities when needed. Civilians depend on these services in their most desperate moments. These medics and responders are not just support – they are lifelines.

– **Grace Osumo**, Hospital Programme Manager for the Red Cross field hospital in Rafah



Central African Republic, 2025. Nurses in Doukouma use a motorcycle ambulance to transport a woman experiencing pregnancy complications to a hospital for treatment. These ambulances, run by local service providers, are usually the only means of transport that can operate in remote areas. Roads are often impassable and the cost of transport, when it is available, is beyond most women's modest means.

Given these challenges, we have been working to facilitate access to urgently needed care by improving the road network. We repaired bridges on the Bianga–Sabegoudé, Alindao–Seignere and Bocaranga–Boleré routes, helping nearly 20,000 people get to health facilities more easily.

HOSPITAL CARE

Our support for hospital services enables much-needed treatment to be available close to where people live. We help hospitals in different ways, based on the needs of people and the local capacities. If needed, we set up field hospitals or step in to run hospitals. Where structures are in place, we can deploy ICRC staff to provide care at facilities managed by the health ministry or a private entity, as is the case at Bajil Hospital in Yemen, where we support the provision of maternal care. In hospitals where capacities are more robust, we monitor the delivery of care, exchange expertise with staff, and provide technical advice, training and medical supplies and equipment. We do this in Pakistan, Ukraine and many other places around the world to ensure that patients receive good-quality care. When there is a sudden spike in needs or specific short-term assistance needed, ad hoc donations of medical supplies and financial support are provided to hospitals. In 2024, we provided 704 hospitals around the world with support.

Applying a comprehensive approach to weapon-wounded care

War surgery is part of the ICRC's identity. Our decades of experience in places affected by armed conflict and other violence have enabled us to develop expertise in the management of the weapon-wounded, a very specific surgical capacity. Surgery during armed conflict is very different from common practice: health staff must deal with complex injuries using the limited resources at their disposal in a hostile environment. They are faced with mass-casualty situations and must prioritize providing care to the most critical cases. In many conflict-affected countries, we train local staff in providing such care. However, when the capacities necessary to address urgent needs are unavailable or overwhelmed, we deploy mobile surgical teams to provide care directly, often while mentoring local staff. If needed, we also provide surgical care to people who are dealing with injuries or concerns that may be unrelated to weapon wounds, such as burn wounds, and to those experiencing obstetric or paediatric emergencies. For instance, in Ukraine, we work with the British Red Cross to enhance the capacity of staff at the Burns Unit of the Kyiv City Hospital, which is the main referral centre for complex burns cases from across the country. At hospitals around the world where ICRC personnel provided on-site support or directly monitored activities in 2024, around 161,600 operations were carried out, some 108,000 admissions for gynaecological/obstetric care were registered, and over 2.1 million consultations were held at the emergency rooms or outpatient departments.



Democratic Republic of the Congo, 2025. In response to heightened conflict in the eastern DRC, ICRC health staff have been deployed to reinforce medical services at four hospitals in Goma, Beni and Bukavu, helping improve these facilities' capacities to treat influxes of wounded patients.

From 1 January to 23 February, some 1,600 weapon-wounded patients – 65% of whom were civilians – were treated at ICRC-supported health facilities, including by ICRC surgical teams. This figure is as high as the corresponding total for the whole year of 2023, and comprises more than half of the total for all of 2024, all in more than one month.

Our holistic approach to weapon-wounded care encompasses emergency-room care, war surgery, nursing care, physiotherapy, anaesthesia, pain management and MHPSS, ensuring we address the full spectrum of patients' needs. Recognizing that the impact of armed conflict extends far beyond surgery, we also strengthen broader hospital systems to support essential services such as internal medicine, paediatrics, gynaecology and obstetrics – areas that often become overwhelmed or under-resourced during crises. To provide truly comprehensive care, our hospital teams work hand in hand with our colleagues in the Water and Habitat and Economic Security programmes, who deliver vital non-clinical support services that help create a safe, functional and dignified healing environment. At the hospital level, this typically includes support for infection prevention and control as well as mitigating measures against damage to health facilities resulting from conflict.

Equipping hospital workers to respond to emergencies and sustainably deliver care

Our approach blends emergency response with longer-term initiatives designed to support weakened or failing health systems, ultimately strengthening community resilience. By doing so, we help health-care providers maintain essential services during times of crisis while also laying the groundwork for eventually rebuilding the broader system.

At the heart of this strategy is our comprehensive hospital support model, which incorporates three key elements based on the needs identified: the short-term deployment of expatriate surgical teams with a strong focus on capacity building; the delivery of essential medical supplies and equipment; and the renovation of infrastructure, including critical water and sanitation facilities. This integrated approach enables the rapid establishment of basic clinical protocols and surgical procedures tailored to managing weapon-wounded patients in resource-constrained environments. Over the past three decades, it has also allowed us to train and retain a dedicated pool of hospital personnel, ensuring continuity and readiness when new emergencies arise. To enable hospital staff to deliver life-saving care, we complement this support by providing regular or emergency shipments of medical supplies and equipment. We also help local staff sustain themselves and their families while they continue to serve their communities.



Democratic Republic of the Congo, 2025. ICRC staff unload boxes of medicines at the ICRC-supported CBCA Hospital in Goma, supporting the provision of life-saving care to people affected by intense hostilities.

To enable the sustainable provision of good-quality health services, we help local health staff strengthen their skills by mentoring or training them directly or by working with academics, professional associations or other local actors to do so. In response to the growing need to build capacities in delivering high-quality surgical care in low-resource settings, we launched the Hospital Surgical Capacity Building Project, which ran from 2019 to 2024. The project aimed to strengthen skills within the ICRC, the wider Movement and in conflict-affected areas. As part of this project, a surgical learning hub was set up at the Bukavu Hospital in the DRC. We continue to work with various partners, including the health ministry, to develop the hub into a space for sustainably delivering continuous medical education for professionals from around the world.

Where needed, we build or upgrade infrastructure to ensure a reliable supply of water and electricity and that areas for patients and staff are in good repair. For instance, at Mueda hospital in Mozambique from 2023 to 2024, we upgraded and repaired the operating room, surgical ward and first-aid ward, while also installing a new electrical transformer. Additionally, we regularly donated medical and surgical equipment and provided staff training. This enhanced the quality of health-care services and encouraged the use of modern medicine, particularly for critical cases requiring surgery or emergency treatment, over traditional practices. In 2024, ICRC infrastructural projects helped improve services at 141 hospitals and other health facilities around the world.



Afghanistan, 2024. For years, Mirwais Regional Hospital in Kandahar grappled with an unreliable supply of electricity. It would receive only five to nine hours of electricity daily. To bridge this gap, diesel generators were employed for an additional 15 to 20 hours each day, leading to higher carbon emissions and electricity costs.

To address this persistent challenge, we undertook two pivotal power projects for the hospital: constructing a dedicated medium voltage power line stretching 5.5 km to connect the hospital to the city grid and installing a hybrid solar system. The hospital now benefits from uninterrupted electricity supplied by the hybrid solar system during the day and the city grid at night. Among the many benefits, these projects have helped premature infants to survive by enabling incubators to keep running and allowed patients to promptly receive their results by powering laboratory services.

Supporting the mental well-being of weapon-wounded people

Psychological aspects play an integral part in a patient's recovery following a traumatic physical injury. We therefore incorporate MHPSS activities into care for hospitalized weapon-wounded patients and people with physical disabilities. As part of our efforts to ensure a continuum of care, patients are supported throughout their hospitalization and rehabilitation, with MHPSS integrated at both stages. Around 5,700 wounded or sick people received MHPSS in 2024 – either from the ICRC or from people that we trained, such as hospital staff.

By providing care to patients, or training health staff or mental-health practitioners to do so, we help wounded people cope better with physical trauma and medical procedures, helping them adhere to medical treatment and facilitating their physical recovery.

Programmes for people with physical disabilities mainly aim to help them cope with changes in their physical condition and with the readjustment to their social and family environment, enabling them to overcome the trauma of their experience and fostering independence and self-reliance.

Our integrated approach to MHPSS ensures that people's needs are addressed holistically, enabling the early identification of mental-health issues and facilitating appropriate follow-up care. As part of this commitment, we have developed specialized weapon-wounded kits that include essential psychiatric medications, helping front-line teams provide timely and effective MHPSS services alongside physical care. This approach was particularly vital following the onset of renewed hostilities in Israel and the occupied territories, particularly in the Gaza Strip, starting in October 2023. Our long-standing MHPSS activities were reinforced in partnership with local service providers and other Movement components present. In response to the consequences of these hostilities, we provided psychological first aid and psychosocial support for surgical patients – notably for those wounded by weapons – the patients' families and carers, and staff at the European Gaza Hospital. Our "help the helpers" programme supported first responders and local health-care workers. We also provided essential psychiatric medications to key facilities.



South Sudan, 2024. As a result of years of armed conflict and other situations of violence in the country, people suffer from various mental-health conditions. During the year, around 1,160 wounded or sick people in South Sudan received mental-health and psychosocial support, with our help.

WE INFLUENCE POLICIES AND PRACTICE IN KEY AREAS OF HEALTH EXPERTISE

Drawing on our expertise and global experience, we promote IHL, including its specific protections for health services and the wounded and sick, as a political priority. We also advocate for best practices in providing health care to people affected by armed conflict or other violence, ensuring it is delivered without discrimination. To do so, we engage with a wide range of stakeholders at the national, regional and global levels, including states, multilateral organizations, academics, and members of civil society.

Our activities include:

INFLUENCING THE GLOBAL HEALTH AGENDA

Given our mandate, we play a prominent role in bringing the needs of conflict-affected people and the necessity of safeguarding health services to the attention of influential actors on the global stage – for example, by engaging intensively with states and other key stakeholders to ensure humanitarian concerns and IHL were included in the recently negotiated Pandemic Agreement. We seek to persuade and mobilize them to ensure that populations affected by armed conflict or other situations of violence have non-discriminatory access to health services, including during pandemics and epidemics. We actively support the development of legal frameworks and policies aimed at protecting the wounded and sick, health workers and facilities, and ambulance services.

Achieving meaningful protection for hospitals in armed conflict through a global initiative

Despite the global consensus supporting the 1949 Geneva Conventions, we see in today's conflicts the apparent erosion of respect for IHL that has undermined the specific protections it is meant to provide, resulting in greater humanitarian consequences. IHL continues to be challenged, and there are rising concerns about the ability to foster consensus around international legal frameworks.

Seeking to reverse these trends, we launched a global initiative to galvanize political commitment to IHL in partnership with six states – Brazil, China, France, Jordan, Kazakhstan and South Africa – to reinforce the culture of respect for IHL around the world and build bridges across diverse perspectives. As part of the initiative, several workstreams have been identified to tackle contemporary challenges to IHL. They involve consultations with pertinent stakeholders – including states, academics, legal scholars, military personnel and civil-society representatives – to produce concrete and practical recommendations to meet these challenges.

One workstream is centred on reasserting the scope of the specific protection due to medical facilities under IHL, to influence weapon bearers to avoid or minimize attacks on hospitals, the misuse of health facilities and interference with their medical functions. It seeks to delve into core concepts for the specific protection of medical facilities under IHL, aiming to reach a shared understanding of how they should be applied in practice.



Pakistan, 2022. Together with local partners, we organize events for health professionals on topics related to the Health Care in Danger initiative, for example, on medical ethics and field safety, and de-escalating violence in health settings.

Mobilizing a broad community of concern

To tackle the widespread and complex issue of violence against health care, we have been fostering coalitions, known as “communities of concern”, as part of the Health Care in Danger initiative. Most of them cover a country where we work, and bring together the health ministry, weapon bearers, national medical associations, institutes of public health, ambulance services and major hospitals to develop and implement measures to protect health care, fostering local ownership and action. Regional Health Care in Danger meetings have also been organized to reinforce partnerships and facilitate exchanges between stakeholders.

Through high-level multilateral humanitarian diplomacy, we draw attention to the importance of safeguarding health services. Our engagement with regional and global political and professional bodies seeks to find concrete ways to tackle violence against health services. As a neutral, impartial and independent humanitarian actor, we also highlight the need to ensure that humanitarian actors and health-care providers have safe access to people in need.

This diplomatic engagement is reinforced by targeted public awareness-raising campaigns, often carried out in collaboration with National Societies, civil-society groups or local authorities. These initiatives aim to foster a broader culture of respect for health-care workers and the essential services they deliver. In countries like Colombia, Iraq and the Philippines, such campaigns have helped amplify the message that health care must be protected – not only by institutions and legal frameworks, but also through public understanding and support.

All this work is grounded in solid evidence. We collaborate with health-care providers, academic institutions and research organizations in conflict-affected areas to generate data that makes the often-invisible violence against health care both visible and measurable. By studying the patterns and impact of such violence, including its toll on health systems, we’re better equipped to design and promote effective prevention strategies that are responsive to local realities.

Strengthening the Movement's collective efforts to address mental-health needs

We work closely with other components of the Movement to deliver good-quality MHPSS to people affected by armed conflict or other violence, and to mobilize states to address people's needs.

To bolster this action, the Movement adopted a set of commitments and a Movement-wide policy during the 2019 Council of Delegates and, along with states, during the 33rd International Conference of the Red Cross and Red Crescent. Since then, around 120 National Societies, the International Federation of Red Cross and Red Crescent Societies (hereafter International Federation) and the ICRC have been working to implement the commitments made and urge states to do the same. We have been lending our expertise in such areas as: ensuring coordinated action within the Movement and with other actors; improving research, evidence-gathering, monitoring and evaluation of activities to address mental-health needs; and mobilizing political support for mental-health and psychosocial activities.

Our expertise and experience in places affected by armed conflict enable us to play a key role in the Movement's efforts to transform the International Federation's centre for psychosocial support into a Movement hub for mental-health and psychosocial support. The hub aims to effectively promote, prevent and respond to global mental-health and psychosocial needs. In particular, we contribute our knowledge regarding emergency preparedness, highlighting the needs of conflict-affected people and helping build the Movement's capacities.



Syrian Arab Republic, 2025. At the field hospital run jointly by the ICRC and the Syrian Arab Red Crescent in al-Hol camp, children and adults receive comprehensive mental-health and psychosocial support. National Society staff provide these services with the help of training and other assistance from the ICRC, making good-quality services sustainably accessible to people in need.

PROMOTING BEST PRACTICES IN WEAPON-WOUNDED CARE

Standards and practices developed by the ICRC help guide the provision of good-quality health care to people in places affected by conflict or other violence, and we promote their adoption at local, national, regional and global levels. We exchange knowledge and expertise with other components of the Movement and humanitarian organizations, as well as health professionals, to bolster our collective efforts to address humanitarian needs.

Having a long tradition and strong expertise in war surgery, we contribute to the discipline's development, reinforcement and improvement. We publish informational materials – such as reference manuals, handbooks, guidelines and posters – to support health practitioners, humanitarian actors and others. These resources offer guidance on topics where we have specific expertise, including war surgery, MHPSS, and security measures for health facilities during armed conflict and other emergencies.

ICRC events help build expertise among health professionals and others involved in providing health care in conflict-affected communities. Notably, in 2024, we organized, together with the Norwegian Red Cross, a conference on providing medical care for the weapon-wounded. Around 400 people – including health professionals, military officers and government officials – gathered in Geneva, Switzerland, for the event, the first of its kind organized by the ICRC. The conference served to encourage knowledge-sharing and collaboration to strengthen the continuum of care in situations of armed conflict. During the event, the Global Network for Weapon-wounded Care was launched, bringing together stakeholders from the Movement, academic circles, and the development and humanitarian sectors to work alongside our surgical learning hub in the DRC to improve the quality of surgical care in conflict-affected areas.

JOIN US IN EXTENDING A LIFELINE TO PEOPLE AFFECTED BY ARMED CONFLICT



War dismantles health-care systems, leaving millions without life-saving care when they need it most. In the face of such devastation, providing safe, humane and effective treatment is the difference between life and death. At the ICRC, we operate where few can, ensuring health care remains possible. We deliver emergency medical and surgical care and strengthen local health systems in conflict zones. Our multidisciplinary approach addresses the full scope of patients' needs, from war surgery to physiotherapy, and mental-health and psychosocial support, empowering individuals every step of the way. We work alongside local actors, including National Red Cross and Red Crescent Societies, for a sustainable impact. Help us ensure access to health care in war. Help us save lives.

– **Pierre Krähenbühl**, ICRC Director General

In conflict zones, access to essential health services can mean the difference between life and death. From first aid and pre-hospital emergency care to life-saving treatment at hospitals, ensuring a continuum of care is critical for those caught in armed conflict. We work to equip and train those responding on the front lines, deliver urgently needed medical care and mental-health assistance, and safeguard people's access to health services in the most challenging environments.

With your support, we can ensure that life-saving care reaches those who need it most, when every second counts.

Will you join us in making a difference?

2025 BUDGET: CHF 263 MILLION

For more information or to make a contribution, please contact us at:
resourcemobilization@icrc.org

**Together, we can be a lifeline for the wounded and sick amid the devastation
of armed conflict.**

**Disclaimer: The figures on the ICRC's operations in this document have been taken from the [ICRC's Appeals 2025](#), published in December 2024, and do not reflect any updates beyond that date.*

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Cover photo: Central African Republic, 2025. Staff at the ICRC-supported hospital in Kaga Bandoro perform fistula surgery. (H. K. Cunningham/ICRC)



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