
Protection of healthcare and public health infrastructure in conflict settings, with reference to the situation caused by the recent attacks against the Islamic Republic of Iran

Draft resolution proposed by the Islamic Republic of Iran

The Seventy-ninth World Health Assembly,

(PP1) Having considered the report by the Director-General;¹

(PP2) Reaffirming the purposes and principles of the Charter of the United Nations, as well as the principle enshrined in the Constitution of WHO that the health of all people is fundamental to the attainment of peace and security;

(PP3) Recalling relevant international law instruments, including the Geneva Conventions of 1949 and Additional Protocol I of 1977, which prohibit attacks on civilian objects including hospitals, schools, cultural property, and civilian infrastructure and recalling relevant Health Assembly resolutions on health in emergencies and protection of healthcare;

(PP4) Deeply concerned that healthcare including health personnel, facilities, transport and medical products, as well as public health infrastructure, are increasingly affected in armed conflicts, leading to widespread casualties, internal displacement, disruption of essential medical services, deteriorating mental health conditions, long-term harm to children, women and other people in vulnerable situations, and the reversal of development gains;

(PP5) Recognizing the grave concern over the recent attacks against healthcare and other civilian infrastructures in the Islamic Republic of Iran, which resulted in casualties of thousands of people, including women and children, health workers, also severe damages to hospitals, medical centres, pharmaceutical products entities, and scientific centres, as verified by WHO;

¹ Document A79/9.

(PP6) Expressing serious concern over the recent attacks on the Pasteur Institute of Iran, a WHO Collaborating Centre, and further noting that damage to or disruption of such infrastructure has consequences beyond national borders, affecting surveillance systems, reducing outbreak detection capacity and weakening preparedness for emerging infectious threats;

(PP7) Noting with utmost gravity that the high number of casualties among children and women resulting from attacks on health infrastructure in the Islamic Republic of Iran constitutes compelling evidence that civilian objects, including hospitals, schools and maternity centres, have been systematically targeted;

(PP8) Recalling the statement of the WHO Director-General, on 14 March 2026, expressing grave concern over attacks on healthcare and their impact on civilian populations by referring to bombing a hospital or a school as a war crime;

(PP9) Further recalling the Director-General's confirmation, on 3 April 2026, that the Pasteur Institute of Iran "sustained significant damage and was rendered unable to continue delivering health services";

(PP10) Alarmed by the multiple attacks against peaceful safeguarded nuclear facilities, the consequences of which endanger the lives of people in the Islamic Republic of Iran, and concerned about the potential public health effects of damage to critical infrastructure on the populations in the country and across the region;

(PP11) Further expressing deep concern over the severe health impacts resulting from attacks on critical infrastructure, including immediate respiratory and cardiovascular effects, as well as potential long-term risks from exposure to toxic pollutants, particularly among people in vulnerable situations such as children, the elderly, and people with pre-existing health conditions;

(PP12) Reemphasizing the importance of timely and equitable access to all healthcare services including medical equipment and other health products, both at international and national levels, particularly during health emergency conditions including in conflict settings and other health emergencies;

(PP13) Mindful of resolution WHA 65.20 (2012) on the comparative advantage of WHO and its role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies, including the protection of healthcare from violence and attacks, as well as its function to furnish technical assistance and implement relevant WHO frameworks on health emergency response,

(OP)1. CALLS UPON all Member States in accordance with international humanitarian law and applicable WHO norms and standards to ensure full respect for international humanitarian law, including the obligation not to attack medical personnel, patients, civilian objects, healthcare facilities, medical transport and public health infrastructure;

(OP)2. REQUESTS Member States to strengthen collaboration with the Islamic Republic of Iran, following attacks against its healthcare infrastructure, to respond to the damages to its healthcare, and in the context of public health activities and collective efforts to enhance global health security, including to prevent and respond to cross-border health threats;

(OP)3. ENCOURAGES Member States to share their expertise and best practices, including through their medical and scientific centres, with the Pasteur Institute of Iran to better address the challenges arising from the attack on the function and mandate of the Institute in the fields of surveillance, outbreak detection and other collective efforts to prevent and respond to cross-border health threats;

(OP)4. REQUESTS the Director-General:

- (1) to provide, upon request and within the available resources the required technical assistance to the Islamic Republic of Iran's health sector, in line with WHO's Emergency Response Framework and relevant Health Assembly resolutions, including WHA65.20 on the protection of healthcare in armed conflict;
- (2) to support access to essential medicines, medical equipment and other health technologies for the Islamic Republic of Iran, aiming to respond to its urgent necessities, in particular those of the Pasteur Institute of Iran;
- (3) to support the assessment of the public health impacts associated with damage to Tehran oil storage facilities and related environmental contamination, including risks linked to air pollution and toxic exposure, particularly for populations in vulnerable situations, in coordination with relevant United Nations entities and relevant national authorities in the Islamic Republic of Iran, and in the context of the existing interagency mechanism;
- (4) to monitor and report on public health impacts and the damages related to the health capacities regarding children, women and refugees in the Islamic Republic of Iran;
- (5) to submit to the Eightieth World Health Assembly, through the Executive Board at its 160th session, a report on the multifaceted impacts of attacks and disruptions on healthcare and public health infrastructure in the Islamic Republic of Iran, as well as on the implementation of the mandate contained in subparagraphs (1), (2), (3) and (4).
