

# Policy Document

## War and Armed Conflict (2026)

### Executive Summary

AMSA believes that wars and armed conflict are a violation of basic human rights and healthcare and should be condemned in all forms. Wars and armed conflict fundamentally affect the health and wellbeing of all involved parties, particularly civilians. While states may justify armed conflict in line with pre-established justification criteria for conflict, AMSA will not attempt to justify conflict in its advocacy. Rather, should conflict arise, it should be in the aim of self-defence, civilian protection and provision of aid, rather than in the ulterior interests of individual parties.

All parties involved in armed conflict have an obligation to conduct combat operations in adherence to all international laws, treaties and conventions related to conflict and humanitarian rights, and in a way that minimises casualties, infrastructure damage, environmental damage and conflict duration. The destruction of civil infrastructure and environment severely impacts and displaces civilians, affecting not only their mental health, but physical health and wellbeing. Diplomacy must be prioritised to maintain peace, prevent conflict from arising and to resolve conflict should it arise. AMSA advocates that strict compliance with the Geneva Conventions be upheld to ensure human treatment of prisoners of war, prohibit torture, and maintain accountability. Furthermore, humanitarian organisations should be actively involved in providing medical care to all parties involved in war and armed conflict.

Nuclear, chemical, biological and autonomous AI weapons should never be deployed, and parties in possession of these weapons should seek to actively and rapidly disarm and destroy any existing weapons and stockpiles, with binding and enforceable commitments to never re-arm. Social and broadcasting media play a significant role in modern day conflict, both as a tool for peace and to provoke or exacerbate conflict. AMSA advocates for the proper use of social media and broadcasting to provide an accurate view about war and conflict, especially with the rise of AI-generated media, due to its potential as a weapon to manipulate people's perspectives in conflict.

AMSA believes in strong advocacy for UN's peacekeeping intervention as it has been shown to reduce the risk of renewed conflict but its effectiveness depends on strong mandates, adequate funding, and geopolitical cooperation among major powers. Additionally, AMSA promotes calls for targeted sanctions with humanitarian carve-outs, as sanctions often produce significant unintended humanitarian and political consequences.



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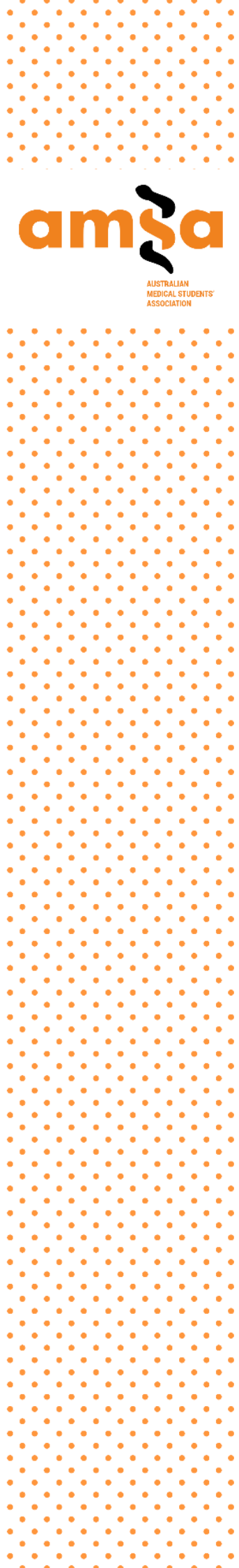
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The use of plea bargains when trying individuals accused of crimes against humanity by the International Criminal Courts deprives victims of their right to testify, and alters historical records to erase crimes.



# Policy Points

AMSA calls upon:

- 1. The Australian Medical Students' Association to:**
  - a. Utilise advocacy campaigns during conflict grounded in neutrality, impartiality and independence to promote the rights of the people, peace and health;
  - b. Acknowledge the unique insight medical students affected by war and armed conflict have in shaping healthcare and armed conflict advocacy; and
  - c. Advocate medical students to shape and protect the health impacts of individuals affected by continual cycles of war.
  
- 2. The United Nations (UN) to:**
  - a. Advocate for peace through prevention and removal of threats;
  - b. Implement binding treaties for the disarmament and total abolition of nuclear, chemical and biological weapons; and
  - c. Review budgets allocated to UN missions that have not had funding utilised optimally.
  
- 3. The United Nations Security Council (UNSC) to:**
  - a. Maintain accountability of Member States by implementing effective measures to maintain international peace and security;
  - b. Increase funding for peacekeeping missions to ensure a high quality of peacekeeping soldiers' training; and
  - c. Implement strong mandates for peacekeeping missions to ensure peacekeeping missions operate with:
    - i. The consent of involved parties;
    - ii. Impartiality; and
    - iii. The use of force only to uphold the mission mandate.
  
- 4. International Committee of the Red Cross to:**
  - a. Adapt International Humanitarian Law (IHL) to modern trends in armed conflict and warfare and continue working to improve IHL compliance.
  
- 5. International Criminal Courts (ICC) to:**
  - a. Enforce effective mechanisms to guide prioritisation for prosecution of high level perpetrators;
  - b. Ensure all individuals accused of war crimes and crimes against humanity are tried, and are given a fair trial; and
  - c. Reduce the usage of plea bargains.
  
- 6. National Governments to:**
  - a. Refrain from engaging in acts of violence;
  - b. Manage all arising conflicts through peaceful resolution;
  - c. Advocate for peace through removal of threats to peace;
  - d. With respect to international legal obligations to:

- i. Formally recognise, ratify, and integrate International Humanitarian Law; all international laws, treaties, conventions and agreements on conflict; and Human Rights instruments into national law to:
    1. Adapt for the transnational nature of terrorism and other components of modern warfare; and
    2. Strengthen regulations regarding the protection of resources and environment during conflict.
  - ii. Uphold obligations to the UNSC, and implement in a time-sensitive manner any decisions ordered by the UNSC;
  - iii. Enforce binding treaties for the total disarmament of all nuclear, chemical and biological weapons;
  - iv. Sign, ratify and enforce relevant international documents, treaties and conventions which regulate production, stockpiling, usage, trade and all other activities related to all types of weapons with the aim to reduce their usage;
  - v. Follow The Responsibility to Protect norm; and
  - vi. Allow United Nations Peacekeeping Forces to operate to the full extent of their mandate without hindrance.
- e. With respect to weapons and military funding to:
- i. Ensure that military expenditure does not come at a cost of maintaining adequate health, human service and other productive societal endeavour funding;
  - ii. Ensure transparency in nuclear disarmament by:
    1. Accurately declaring missile material stockpiles and warheads verified for accuracy;
    2. Confirming that warheads marked for elimination are what they claim to be;
    3. Ensuring all warheads designated for dismantlement are destroyed;
    4. Guaranteeing that no new warheads or missile materials are produced;
    5. Disposal of material from dismantled warheads in an irreversible manner; and
    6. Allowing inspectors from the International Atomic Energy Agency full and unobstructed access.
  - iii. Conduct arms transfers while implementing thorough assessments of recipient nations regarding their compliance with International Humanitarian Law; and
  - iv. Fund research into the long-term health effects of nuclear, biological and chemical weapons.
- f. With regards to domestic legal systems to:
- i. Ensure that all breaches and suspected breaches of international law, treaties, conventions and agreements are subject to a full criminal inquiry;
  - ii. Prohibit use of nuclear, chemical and biological weapons under all circumstances;
  - iii. Prohibit the use of abusive interrogation;

- iv. Ensure the protection of healthcare workers in conflict settings and ensure their safety and ability to continue their provision of aid;
  - v. Expand legislation to include means other than military force to enforce IHL upon conflicting parties, including but not limited to economic sanctions;
  - vi. Prohibit the use of propaganda and deliberate spread of misinformation in order to incite violence;
  - vii. Prohibit state controlled censorship of media; and
  - viii. Enforce laws to protect media workers in conflict.
- g. When providing foreign aid during conflict to:
- i. Ensure aid is not provided with the intention to gain diplomatic, political or military gain from the recipient;
  - ii. Strive to always provide non-lethal aid to parties and civilians during armed conflict;
  - iii. Prioritise accountability, transparency and equity when providing foreign aid to recipients, ensuring that goals are set for the distribution and utilisation of the aid according to where it is needed most;
  - iv. When withdrawing foreign aid to do so through gradual withdrawals of aid; and
  - v. Strictly prohibit monetary aid to nations where gross abuse of human rights violations have been reported.
- h. In the post war period to:
- i. Prioritise self-determination in the rebuilding of stable state institutions; and
  - ii. Support and rebuild primary healthcare facilities to cater for conflict affected populations face by re-designing supply, distribution and health workforce performance systems, and ensuring continual collaboration with native healthcare workers for culturally appropriate care.
- i. Protect, support and empower women, gender diverse people and children during conflict and in the pre- and post-war period via implementing strategies including, but not limited to:
- i. Committing to the implementation of the UN Security Council Resolution 1325;
  - ii. Specifically address women's needs;
  - iii. Increase the representation of women in military decision-making bodies of governance;
  - iv. Restore justice systems, education, healthcare and economic opportunities for women immediately after war;
  - v. Protect women, gender diverse people and children from sexual and gender-based violence; and
  - vi. Ensure the interests of children are taken into account in peace agreements, rehabilitation and healing programs, and restoring institutions and war-torn societies.
- j. When implementing sanctions to:
- i. Consider the implications of sanctions at a populace level;

- ii. Aim to influence the party responsible for the situation to change their actions;
  - iii. Penalise, as possible, only the party responsible; and
  - iv. Ensure sanctions are not used as a means to punish.
- k. Develop procedures for diplomatically resolving conflict that:
- i. Ensure the diplomacy efforts are not used for gain;
  - ii. Ensure responsibilities for diplomacy are clearly assigned;
  - iii. Ensure acting diplomatic figures are held accountable;
  - iv. Ensure conflict durations are as short as possible;
  - v. Minimise civilian, military and allied casualties;
  - vi. Increase use of existing conflict mediation pathways;
  - vii. Increase their involvement as mediators; and
  - viii. Adapt strategies to address the components of modern day conflicts.
- l. Increase funding for the International Criminal Courts;
- m. Use health-related data on the morbidity and mortality associated with armed conflict to implement strategies that will minimise the health consequences of war, prevent war and/or support peace negotiations; and
- n. Provide psychological trauma training for healthcare personnel.

**7. All Parties, Groups, States and Non-State Actors involved in an armed conflict to:**

- a. Minimise the health implications of armed conflict;
- b. During conflict, but also in the pre- and post-conflict period, uphold all aspects of International Humanitarian Law; all international laws, treaties, conventions and agreements on conflict; and Human Rights instruments;
- c. Ensure that all civil and healthcare infrastructure is protected and not damaged including, but not limited to:
  - i. Healthcare centres and hospitals;
  - ii. Private medical offices;
  - iii. Medical transports;
  - iv. Transportation and communication systems;
  - v. Electricity and power generation systems;
  - vi. Food supply systems;
  - vii. Water purification systems; and
  - viii. Sewage disposal systems.
- d. Ensure Prisoners of War are treated according to standards set by the Geneva Convention III;
- e. With respect to the environment to:
  - i. Respect and uphold environmental and water protection principles including but not limited to:
    - 1. The United Nations Draft Principles on the Protection of the Environment in Relation to Armed Conflict; and
    - 2. The Geneva List of Principles on the Protection of Water Infrastructure.

- ii. Protect and minimise the environmental impact of armed conflict, including the protection of water infrastructure and not using water as a weapon, trigger or casualty of conflict.
- f. Prohibit the recruitment, training and deployment of mercenaries in armed conflict or other situations; and
- g. Ensure humanitarian corridors are honoured, protected and not misused.

**8. Humanitarian organisations and actors to:**

- a. Provide adequate humanitarian relief to displaced persons, including those residing in refugee camps and internally displaced persons;
- b. Consult and promote displaced persons to play an active role in the planning, provision and implementation of relief programs;
- c. Ensure that all humanitarian programs are culturally appropriate, specialised for specific vulnerable groups and aim to minimise dependency and restore dignity; and
- d. Provide adequate humanitarian relief to children.

**9. The International Atomic Energy Agency (IAEA) to:**

- a. Ensure compliance of nuclear disarmament is being met;
- b. Conduct regular site visits to countries with nuclear programs;
- c. Ensure nuclear disarmament is occurring within established timelines; and
- d. Accurately report findings.

**10. The Organisation for the Prohibition of Chemical Weapons to:**

- a. Ensure compliance of chemical weapons disarmament is being met;
- b. Conduct regular site visits to countries with chemical weapons programs;
- c. Ensure chemical weapons disarmament is occurring within established timelines; and
- d. Accurately report findings.

**11. The Biological and Toxin Weapons Convention Implementation Support Unit to:**

- a. To effectively enforce bans and treaties on biological weapons;
- b. To conduct regular site visits to ensure compliance with Biological and Toxin Weapons Convention;
- c. Ensure biological weapons disarmament is occurring within established timelines; and
- d. Accurately report findings.

**12. International Media Organisations to:**

- a. Prohibit publication of all forms of propaganda;
- b. Prohibit publication of all forms of deliberate misinformation;
- c. Protect their workers during times of conflict;
- d. Ensure unbiased and accurate media is presented to the general population using measures including but not limited to:

- i. Media monitoring;
- ii. Ensuring workers undertake media professionalisation programmes;
- iii. Ensuring workers undertake peace, preventive, and conflict-sensitive journalism training;
- iv. Promoting media law and regulations;
- v. Citizen journalism initiatives; and
- vi. Work with NGOs in the verification of information.

**13. The World Health Organisation (WHO) to:**

- a. Implement standardised primary prevention training (against armed conflict) for Public Health Physicians and professionals equipping them with political and communication tools to educate policymakers, inform on-ground diplomatic relations and better inform the public; and
- b. Fund research into long-term health effects of nuclear, biological and chemical weapons.

**14. International Healthcare Workers and Organisations to:**

- a. Understand their protection from military objectives and attack under the Geneva Convention to ensure the wellbeing of themselves and those they care for;
- b. Act in accordance with International Humanitarian Law in treating all wounded and sick humanely, without discrimination or abandonment and pose no threat to any subject or engage in the hostilities of war;
- c. Gather, document and publish data on the nature and extent of injuries, disabilities, physical and mental illness, and deaths of civilians and military personnel, as well as the indirect health effects of conflict including but not limited to those related to the environment;
- d. Be actively involved in armed conflict related advocacy including, but not limited to:
  - i. Promoting non-violent conflict resolution;
  - ii. Increasing public health resources and services;
  - iii. Adequate distribution of resources that does not detract from ensuring civilian safety;
  - iv. Calling for policies and promoting actions to prevent war and minimise its health consequences; and
  - v. Developing and implementing education and awareness-promoting programs on the health consequences of war.
- e. Provide support and training to other healthcare professionals on handling conflict-associated intergenerational trauma and implement special provisions to protect the child; and
- f. Provide appropriate physical and psychological support to survivors of abusive interrogation including, but not limited to providing treatment for severe traumatisation, PTSD, memory impairment, depression, paranoia, delusion and physical disability.

## Background

### **Content Warning:**

*This policy discusses a number of topics that may be triggering to readers, including but not limited to:*

- *War, Armed Conflicts Combat*
- *Death*
- *Genocide*
- *Sexual Assault and Exploitation*
- *Domestic Violence*
- *Racism*
- *Mental Health Conditions*
- *Torture and Physical Assault*

### **ARMED CONFLICT**

There are two categories of armed conflict; international armed conflict (IAC) and non-international armed conflict (NIAC). IAC includes all cases of armed conflict between parties, even if the state of war is not recognised by one of them [1] i.e. cases of partial or total occupation of territory [2-4]. NIAC includes armed conflict not of an international nature within the territory of the high contracting parties [1], including conflicts between a high contracting party's armed forces and other organised armed groups which control territory and carry out sustained military operations [2]. There are many different types of war including cold, colonial, insurgency, fault line, invasion, proxy, range, religious, undeclared, total, limited and world war. Many different types of warfare occur in relation to these wars that can be delineated according to types, objectives, strategies, terrain, weaponry and more [5].

### **International Humanitarian Law (IHL) in Relation to Armed Conflict.**

It is critical to determine whether a state of affairs is an armed conflict or not, as international humanitarian law (IHL) will come into force immediately in armed conflicts. The main principles of IHL include the classification of civilians and combatants, including the prohibition of those not directly engaged in hostilities and the prohibition to inflict unnecessary suffering, and the principles of necessity, proportionality and humanity [6]:

- The distinction between civilians and combatants;
- The prohibition of attacks those hors de combat (i.e. those not directly engaged in hostilities);
- The prohibition to inflict unnecessary suffering;
- The principle of necessity;
- The principle of proportionality; and
- The principle of humanity.

If a state of affairs is incorrectly classified, parties will be able to carry out activities without checks and can abuse the rights of involved persons [7]. Refer to the "Healthcare in Humanitarian Crises and Disaster Management" (2021) AMSA policy for a greater discussion of IHL, its implications and limitations.

If an armed conflict breaches IHL, the UNSC will come into action [7], which will

primarily attempt to maintain international peace and security. UN member states are obligated to implement decisions made by the UNSC [8].

### IHL Limitations

There are multiple trends of modern-day conflict which can make the implementation of IHL more ambiguous [9] such as unstable environments, emerging military presence and technologies, and multinational conflicts. For more information on the IHL Limitations, please see further reading.

- More frequent cases of low-intensity conflict, leading to unstable environments where local militias and armed groups can operate;
- Increasing instances of extraterritorial military interventions and new forms of foreign military presence in a territory;
- Emerging technologies creating new types of warfare, such as cyber warfare;
- Blurring of lines between ideological and non-ideological confrontations; and
- Increasing existence of transnational networks and multinational conflicts.

IHL should be constantly adapted to ensure its relevance and applicability, and support compliance [9]. Please refer to the “Healthcare in Humanitarian Crises and Disaster Management” (2025) policy for more discussion on specific IHL limitations.

There are many mechanisms designed to promote compliance to IHL. The performance of these compliance mechanisms is variable as they can lack appropriate institutional anchoring. States also do not meet on a regular basis to discuss concerns and perform functions related to compliance. As such, compliance continues to be an area that requires continual work to ensure States and non- State actors respect this international framework [10].

### **Human Rights in Relation to Armed Conflict.**

There are many international human rights and humanitarian laws, conventions and declarations that work towards the universal recognition of human dignity during war [11]. These instruments supplement additional agreements relating to conduct during armed conflict, including The Geneva Conventions (1949) and Additional Protocols (1977) [1,2].

Violations of IHL and human rights law can be categorised into six main areas [12]:

- Direct assaults on civilians by ‘conventional’ means;
- Ethnic cleansing and extrajudicial killings;
- Direct assaults on civilians caused by indiscriminate weapons;
- Indirect assaults on civilian populations;
- Violations of medical neutrality; and
- Intellectual corruption.

### **Terrorism in Relation to Armed Conflict.**

The definition of terrorism is generally reliant on the State that seeks to define it. Nevertheless, the Special Tribunal for Lebanon in 2011 stated that the definition of transnational terrorism exists within customary international law. This law requires three elements to exist [13]:

1. The perpetration of a criminal act or threatening of an act;
2. The intent to spread fear among the population or directly or indirectly coerce a national or international authority to take some action, or refrain from taking it; and
3. When the act involves a transnational element.

For more information on the elements of terrorism please see further reading.

The IHL can be flawed in cases of terrorism as it does not recognise them as international armed conflicts as this would recognise armed groups as being equal to members of regular armed forces giving them the same protections [14]. It also struggles to determine the status of whether an individual is a terrorist or a combatant in both NIAC and in situations of self-determination [14]. There are an increasing number of cases where States label acts committed by domestic insurgents as 'terrorism', even though according to IHL, such an act might not be unlawful (e.g. attacks against military personnel) [7].

Conflict has drastically evolved in recent years, with the introduction of new actors in conflict zones however IHL has not yet adapted to these new dynamics as demonstrated by the increasingly transnational nature of terrorism.

### **Justified Armed Conflict.**

Jus ad bellum is a distinct branch of IHL that is set out in the United Nations Charter, it determines the right to resort to armed conflict. Therefore, the use of armed conflict is not acceptable to settle disputes between states. There are two exceptions to this as outlined in the Charter; in cases of individual or collective self-defence in response to aggression. And with authorisation by the United Nations Security Council to maintain international peace and security [3]. However, this does not apply to non-international armed conflict; therefore, it does not prohibit civil war [14].

In addition to the United Nations Charter, there are other international agreements that limit the justifiable reasons for a country to declare war; this includes the Kellogg-Briand Pact (1928) and the London/Nuremberg Charter (1945) [15,16]. Together, these create the principles of war justice which includes [3,15,16]:

- Having a just cause;
- Being a last resort;
- Being declared by a proper authority;
- Possessing the right intention;
- Having a reasonable chance of success;
- The end being proportional to the means used.

## **PUBLIC HEALTH IMPLICATIONS OF WAR**

War has multidimensional effects on health, inevitably posing serious public health crises, the effects of which often extend far beyond the conflict itself [17].

### **Limited Access to Healthcare.**

The UN Security Council adopted Resolution 2286 in 2016 which denounced all attacks on healthcare facilities and personnel during conflict situations, classifying it as a war crime [18]. These attacks have worsened since, with deliberate destruction of health infrastructure, and direct targeting of healthcare workers and patients. Obstruction of supplies and healthcare services continues, extending to international and humanitarian aid providers. The resulting collapse of public health systems devastates acute, chronic, and preventative healthcare [14,19-22].

### **Destruction of Civil Infrastructure.**

Civil infrastructure is defined as the system or structures which are necessary for the operation of a country or an organization. This includes buildings, roads, bridges, and facilities for water, sewerage, electricity, communication, power, food supply and healthcare.

The direct and indirect destruction of civil infrastructure in war causes inadequate access to essential services and systems necessary for public health and survival, and forces civilian displacement [20,21]. It impacts the lives, health, and welfare of civilians for generations. Attacks on civil infrastructure violate IHL but this has not been a deterrent, or a means for consistent prosecution [23,24,26].

### **Resource Funding Diversion.**

During wartime, or the pre-war period, military expenditure can increase often at the expense and detriment of health, human services, and other productive societal endeavours [20, 27].

### **Displaced Persons.**

Externally and internally displaced persons are defined by the obligation to leave their homes to avoid the effects of armed conflict, human rights violations, or natural or human-made disasters, and who either have, or have not crossed an internationally recognized border respectively. They sustain critical health problems, which are exacerbated in internally displaced persons because of delayed or obstructed access to health and other services as they remain within proximity to war zones [20]. Infectious disease is the most common cause of mortality in this population from insufficient shelter, overcrowding, sanitation, and malnutrition [28].

The critical elements of a relief program for displaced persons include clean water, food, sanitation and shelter as outlined in the Minimum Standards for Human Assistance [29]. Programs should be planned and implemented with the active input of displaced communities to be innovative and culturally appropriate with consideration for specific groups (e.g. unaccompanied children), prioritising restoring dignity and repatriation [30]. For more information on what public

health programs should include, please see *Further Reading*.

### **Mental Health.**

Every aspect of war can have psychological impacts on those exposed or involved, and can lead to the development of clinical psychological conditions like PTSD, depression, and anxiety [31,32].

Providing mental health services is challenging and limited. Mass community-based programs are effective, alongside family and social support, resettlement efforts, education, and culturally appropriate rehabilitation [33].

### **Women.**

Women are considered more vulnerable during wartimes as they generally rely on social bonds, traditions and risk avoidance for protection which becomes unreliable [34]. Women are particularly vulnerable during and after wartime for many reasons; they are far more likely to be victims of sexual assault, including rape, torture and sexual slavery [36]. sexual assault, rape, and gender-based violence. Additionally, obstetric care deteriorates alongside other healthcare services, and all of this is compounded by gendered social issues including domestic violence, the rights of widows, and lack of representation in decision making bodies [34-39]. Suggested strategies that could be implemented to support women during war can be found in *Further Reading*.

### **Men.**

During war and armed conflict, men of military age are frequently considered potential combatants or a source of danger and instability by virtue of their gender, even without evidence. Despite being non-combatant civilians, their actions and beliefs are deprioritised, leading to barriers to accessing healthcare, rescue, and retrieval [40].

### **Children.**

Children are affected both directly and indirectly by war. Some direct impacts include; being killed or injured, displaced and forced to flee, forced to participate in military services, being a child of war veterans, victims of warfare and genocide, disrupted education and societal support and many more [45].

Indirect impacts include illnesses from unhealthy living conditions, moral impacts which can lead to stealing, extortion and prostitution for survival, risk of rape and abduction, and many adverse impacts on their life trajectory [47]. For further reading, explore the 2022 UNICEF report "25 Years of Children and Armed Conflict: Taking action to protect children in war" [47].

Many strategies can be implemented beyond ending the war, to reduce the impact of the conflict on children including implementing IHL regarding children's protection, preventing the use of child soldiers, protection against sexual exploitation and gender-based violence, extending rehabilitation programs to children and involving children in reconciliation efforts [45].

### **Destruction of the Environment.**

Armed conflict can have disastrous impacts on the environment including the destruction of homes, schools, hospitals, and public facilities with subsequent health consequences such as civilians not being able to access food or clean drinking water. Militaries use substantial quantities of fossil fuels, contributing to climate change and creating environmental hazards from toxic radioactive waste contamination. This will continue to have long-term implications not only on the environment, but also on population health through malnutrition, heavy metal poisoning and climate change associated health impacts (refer to the 'Climate Change and Health' (2020) policy) [48].

IHL does include the protection of the environment during armed conflict, but this remains inadequate as international constraints are either too weak or not appropriately enforced [51].

The International Law Commission has adopted the United Nations draft principles governing the protection of the environment during armed conflict. These broadly require states to protect land and resources, constrain military operations that may damage the environment, prevent and mitigate environmental degradation where populations have been displaced and avoid engaging in environmental modification techniques that have severe, long-term effects [52,53].

### **Roles of Health Professionals in Conflict.**

Healthcare workers must act in accordance with IHL which includes treating all wounded and sick humanely, without discrimination or abandonment and pose no threat to any subjects or engage in the hostilities of war [54]. For further information on the responsibilities of healthcare workers in regards to IHL, please refer to the 'Healthcare in Humanitarian Crises and Disaster Management' policy.

The services healthcare workers provide are essential in conflict areas as well as for building health systems post-conflict. However, many healthcare workers are threatened, detained and killed [55,56].

These attacks have led to an exodus of healthcare workers from conflict areas which has a devastating effect on access to and the delivery of healthcare during and after conflict.

Health professionals all play an important role in the documentation and publication of the nature and extent of injuries, disabilities, physical and mental illness and deaths among civilians and military personnel. Their insights are invaluable in educating, informing, and communicating the health consequences of war to the public and political leaders. Their key advocacy objectives should include, but are not limited to: promoting nonviolent conflict, increasing public health resources, and diverting resources from the military towards healthcare [59].

### **Long-Term Health Consequences of War.**

Long-term health consequences of armed conflict stem from multiple factors including disruption of healthcare services and reduced access to quality care including navigating the loss of facilities and professionals and needing to rebuild the public health systems and workforce. Additionally, the stress and anxiety related to armed conflict worsens risky behaviour and the association between conflict and poverty means that conflict affected populations continue to face many major challenges in the post- conflict period [60].

There are intergenerational effects of conflict including violence, mental health challenges, infection, malnutrition and other exposure to the trauma of war which can be transmitted through a complex permissive environment including economic, cultural and biological factors. Therefore, the behaviours and characteristics that armed conflict provokes can be transferred to the next generation leading to long-term psychological, social and cultural impacts [62].

### **MILITARY INTERVENTION**

Military intervention in armed conflicts may come from many sources: the United Nations peacekeeping operations, international military organisations such as NATO, independent countries or alliances.

#### **UN Peacekeeping.**

UN conflict prevention involves preventing escalation to violent conflict, either between states or within a state. Peacemaking includes addressing current conflicts and diplomatic actions to prompt a negotiated agreement between opposing parties [63]. Peacekeeping is employed after violent conflict, and attempts to implement peacemakers' agreements. Peace enforcement is more drastic, wherein the Security Council authorises military force or other coercive measures to achieve peace.

UN peacekeeping involves three basic principles: consent of the parties, impartiality, and non-use of force except for self-defence or protecting the mandate [64]. Parties involved must commit to the political process, and not use force to enforce the political process.

This event triggered new self-criticism of the UN's attempts to remain impartial in all conflicts, as Secretary-General Kofi Annan also declared leaders who abuse their people would no longer have their borders protected. These calls for the UN to take sides in some conflicts continue to this day. As a result of these criticisms, however, governments agreed upon guidelines for the use of force led to The Responsibility to Protect, which emphasised that a state must protect its own civilians, and if not upheld, then other governments have the right to act with military force if authorised by the UN [76].

In cases with strong mandates and sufficient resources peacekeeping is often effective. As of 2026, whilst the efficacy of peacekeeping operations remains debatable, it has been estimated that the risk of repeat war drops by 75–85% or more when peacekeepers are present [69]. The quality of peacekeeping officers

is important, as different countries contribute troops to missions, many of whom will have varying levels of military training [70].

Increasing the UN peacekeeping budget is projected to prevent major conflicts for the next 10 years, and then the budget may decrease once more due to the number of prevented conflicts. Any major conflict converted to a minor conflict via UN intervention saves lives, and funding and promotes a faster resolution to sustainable peace; a large UN peacekeeping budget is money well spent [70].

However, the United Nations Fifth Committee for budgetary issues must carefully negotiate the peacekeeping budget each update, and striking a balance between member states' willing contributions and required allocations to peacekeeping missions prove barriers to increasing the budget. Geopolitical tension between major powers, who contribute significantly to the UN peacekeeping budget and the Fifth Committee, such as the USA, China, the EU and Russia also prevent open and straightforward reimaginings of the budget. However, the UN itself, Fifth Committee, and member states have recognised the significance of increasing funding to protect the sustained peace [71].

The Veto system, currently employed by the UN, has been mishandled in many instances with countries possessing veto power to defend militia gains and actions [200]. The current war crisis between Russia and Ukraine has been consistently defended through Russia's veto power, rendering military intervention from other countries to be extremely minor [200]. The UN's veto system has consequently led to dissemination of effective military intervention to prevent civilian killings. The current Israel-Palestinian conflict has resulted in many civilian casualties with actions against Israel vetoed by the USA, leading to diminished military intervention [201]. Implementation of the veto system must be adjourned, and replaced with effective dialogue between countries instead of the assignment of powers [201].

## **MILITARY AID**

### **Lethal Aid.**

A variety of lethal commodities are often provided as military aid during times of active conflict. International Humanitarian Law (IHL) contains regulations and principles that govern the choice and use of weaponry [72,73]:

- Certain weapons are prohibited, including their production and transfer (A comprehensive list can be found in *Appendix 1.1*);
- Weapons may be authorised for deployment but their use prohibited in certain circumstances; and
- States must evaluate if any new weapon developments are consistent with the provisions of the IHL [74].

In the providence of military aid during active conflict, countries must abide by IHL. Under Article 1 common to the 1949 Geneva Convention, states have an obligation to ensure respect for IHL and ensure violations are not aided by unregulated use [72-75]. As such, the ICRC International Committee of the Red

Cross proposes that national and international transfer of arms should include a process of assessing the recipient's obligation to IHL and their risk of committing violations to such law. Indicators to assess the risk of violation of IHL through the transfer of arms include [75]:

- Recipient's engagement(s) in armed conflict;
- Recipient's previous violations of IHL;
- Recipient's commitment to implement rules of IHL;
- Recipient's integration of IHL over its military doctrine, and position towards the law; and
- Recipient's commitment to maintain control over military equipment and distribution/transfer.

### **Mercenaries.**

Combatants, as defined by IHL, are persons authorised to utilise force in armed conflict. A mercenary is defined as an individual who [77]:

1. Is specially recruited locally or abroad in order to fight in an armed conflict;
2. Does, in fact, take a direct part in hostilities;
3. Is motivated to take part in the hostilities essentially by the desire for private gain and, in fact, is promised, by or on behalf of a Party to the conflict, material compensation substantially in excess of that promised or paid to combatants of similar ranks and functions in the armed forces of that Party;
4. Is neither a national of a Party to the conflict nor a resident of territory controlled by a Party to the conflict;
5. Is not a member of the armed forces of a Party to the conflict; and
6. Has not been sent by a State which is not a Party to the conflict on official duty as a member of its armed forces.

International Law is clear in its prohibition of recruitment, training and deployment of mercenaries in armed conflict or other situations outside of armed conflict [77].

### **Effects of Foreign Aid.**

Literature consistently demonstrates significant disparities in the efficacy of aid delivered to various parties in the context of war and conflict [78,79]. Despite its best intentions, foreign aid can result in unintended, negative consequences, including overdependence or defiance regarding political international relationships, poor accountability in regard to use of funds, and provocation of conflict [80,81]. Reasons for this include government corruption and poor contract enforcement and provision [83].

### **Political Relations.**

Literature is diverse in the relationship between military aid and how the provision of aid shapes the political relationship between donor and recipient.

Sullivan propose three models regarding the effect of military aid on the aforementioned relationship [80]:

1. For the recipient nation to act within donor nation interests;
2. The Lonely superpower: Recipient dependence on a donor nation can invoke defiance, to avoid being viewed as controlled by the donor nation on an international level; and
3. Reverse leverage: A Paradoxical effect where the donor nation becomes reliant on the recipient nation [80].

The reverse leverage model can be observed in the USA's Foreign Military Financing, a form of military aid provided to countries to finance the purchase of military equipment. An estimated \$6.1 billion was spent in 2018 on this program [84]. Despite the intentions of fostering allies and military relationships, Foreign Military Financing has often resulted in increased conflict domestically and between the recipient nation and USA, with associated breaches in human right policies [84]. Despite these issues, the drawback of the US ceasing Foreign Military Financing would result in other nations such as Russia and China rising as the major international arms provider, whose distribution of arms with poor regulation has resulted in war crimes in nations such as Sudan. To prevent such misconduct of military aid, the US 'Leahy Laws', in accordance with IHL, state that funds as foreign aid are strictly prohibited from being donated to nations where the gross abuse of human violations has been reported [84].

### **Provocation of Conflict.**

Due to the competition for resources between Governments and rebel groups in war-torn nations, scholars have argued that aid can assist in the provocation of conflict.

Poor distribution of aid to the populace can provide opportunities for local conflict. Scholars argue that aid that fails to reduce poverty and address populace concerns increase societal disparities, which leads to local tensions. In a resource deprived environment such as war-torn countries, scholars argue that aid can provoke further conflict. In addition, aid fails to reduce poverty and address populace concerns, causing a rise in local tensions further exacerbating existing issues. This is especially apparent in nations where conflicts stemming from ethnic or religious motivations are present [81]. It is argued that providing funding to concentrated, contested areas can increase risk of conflict and result in greater fatalities. This is opposed to aid that is distributed widely, which is shown to result only in irregular and dispersed operations [85]. Foreign military assistance may also strengthen armed non-state actors and undermine domestic political institutions [86]. Furthermore, it is important to consider terrorist occupied war-torn nations. Terrorist organisations that control large territories often receive foreign funding discretely through illicit businesses and charities that may be funded via foreign aid during conflict [81].

Aid shocks are defined as drastic reductions in the inflow of aid to recipient nations. Despite some arguments that the reduction of aid can encourage

nations to self-rely on resources, aid shocks can result in an inadvertent shift in the balance of power between governments and rebels, due to sudden governmental weakness. Governments in war-torn nations have been thought to 'buy out' rebel groups to reduce the progression of war and deter fighting via methods of providing formal political power, or the provision of side/indirect payments. The sudden reduction in the 'buying out' power of governments results in opportunities for power seizures by rebel groups [82].

These dilemmas raise the pertinent points of whether a more rigorous risk management regime should be integrated into foreign aid policy in conflict-driven nations. These issues call for better systematic coordination by contemplating the methods of aid withdrawal focusing on slow, gradual withdrawals rather than aid shocks [82].

### **Accountability and Transparency of Foreign Aid.**

Foreign aid is crucial in developing nations as it contributes to a large proportion of the national budget. Having clear strategies and outcomes by both the donor and recipient nations aids with mutual accountability [84]. Transparency of policies and accountability to the populace are correlated with success of aid provision by literature [79,88]:

- Providing reassurance to donor nations that recipient nations fulfil their responsibilities;
- Crafting incentives for recipient nations to fulfil responsibilities;
- Allowing the populace to remain informed regarding the appropriate use of funds for population-based needs;
- Assessing the behaviours of their government; and
- Encouraging leaders to act in the best interest of the nation.

Aid is more effective in nations with superior accountability institutions, where democratic governments exist and where the rule of law is superior [88]. In nations where these factors are lacking, and foreign aid for healthcare can be exploited by the military it results in healthcare systems becoming under-resourced [88].

## **SANCTIONS**

### **Definition.**

Defined by the Charter of the United Nations, sanctions are 'measures not involving the use of armed forces', including 'a complete or partial interruption of economic relations'. Sanctions are political and economical tools used by states and international organisations to promote international security and influence the behaviour of targeted states or entities.

### **Sanctions in Australia.**

The Autonomous Sanctions Act 2011 defines sanctions as measures imposed in situations of international concern, including grave human rights abuses, proliferation of weapons of mass destruction, and armed conflict. The legislation

outlines that sanctions aim to limit adverse international consequences, influence responsible parties to change their conduct, and penalise breaches.

The Australian Sanctions Office (ASO) regulates sanctions by providing guidance, processing permit applications, promoting compliance, and supporting enforcement efforts.

Australia implements United Nations Security Council (UNSC) sanctions under the Charter of the United Nations Act 1945 and autonomous sanctions under domestic legislation.

### **Unintended Consequences of Sanctions.**

Although sanctions are implemented to reduce the risk of negative ramifications arising from international concern, restrictive measures due to sanctions can bring upon unintended consequences for the populace in targeted nations. Sanctions imposed on Haiti (1993-1994) were associated with increased morbidity and mortality due to malnutrition, lack of potable water, and limited medical supplies. Similar patterns were observed in Iraq and Iran, with evidence suggesting prolonged sanctions intensify these impacts.

Aside from humanitarian consequences, political relations can be an unintended effect of sanctions. For example, sanctions on North Korea strengthened political ties with China, Russia, and Syria. In autocratic states, sanctions may inadvertently consolidate authoritarian power and weaken institutions.

Despite their widespread use, limited research evaluates the unintended effects of UN sanctions regimes. Concerns include institutional weakening, human rights violations, and diversion of public resources. Consequently, scholars advocate for targeted sanctions and proactive humanitarian carve-outs to minimise harm to civilian populations [93].

Despite these issues, there is a lack of literature that evaluates and draws attention to the unintended ramifications that occur in 94% of UN sanctions. These effects are thought to be an inevitable reaction to the goal of reaching the intended action. Weakening of local institutional powers, strengthening authoritarian rule, by hindering trade and resulting in the redirection of trade that may benefit specific groups as recipients of certain commodities e.g., weapons, and promoting the violation of human rights, have been raised as concerns arising from sanctions. Comprehensive sanctions provide recipient nation leaders greater discretion in the use of spending, with the potential of navigating funds away from public interest; thus, targeted sanctions should be implemented instead [91]. This may include the introduction of Council resolutions, such as the United Nations Security Council's Council resolution 2615 (2021), which exempts the provision of certain goods and services required for humanitarian aid in Afghanistan during active conflict. Targeted sanctions are also demonstrated in the European Union's (EU) sanctions imposed on Russia, where there are no restrictions imposed upon transactions relating to agricultural and food products, as well as permitting the overflight of the EU's airspace by

Russian aircrafts, if it is for the purpose of humanitarian aid [92]. There is a call to ensure Council and other imposed sanctions include 'humanitarian carve-outs' pro-actively, rather than on a case-by-case basis, to ensure sanctions do not impose on economic, social and cultural rights.

## **WEAPONS OF WAR**

### **Nuclear Weapons.**

#### Impacts of Nuclear Weapons

The impacts of the deployment of nuclear weapons and nuclear disasters can be classified as immediate or long-term. Immediate effects include direct impacts of blast, heat and acute radiation syndrome. Long term effects are thought to impact social, psychological, societal, economical, human physical health, the environment and climate [94], as seen in the high rates of depression and PTSD in the aftermath of Hiroshima and Nagasaki following the death, displacement and terror experienced by survivors [93].

Direct radiation exposure from nuclear weaponry is dependent on proximity to the blast and spread of radioactive fallout. The extent of the physical health impacts on humans of long-term radiation exposure are not completely understood but evidence is emerging of trans- generational impacts. Increased incidence of cancers has been well documented amongst those exposed to nuclear-related incidents such as the Chernobyl nuclear power plant disaster.

Although the causative association between radiation-exposure and development of disease has been well established, there remains significant ambiguity in long-term disease development. This is in part due to lack of historical radiation exposure monitoring via dosimetry or modelling, as well as long latency and missing data. Furthermore, significant multi-generational data for in utero effects remain to be released. There is therefore a need for continued systematic research in this area [99].

Long-term psychological effects in situations of nuclear disaster and nuclear warfare include effects directly secondary to illness or due to increased risk of illness, concurrent warfare and threat of nuclear catastrophe [94].

#### Nuclear Non-Proliferation Treaties

In line with the potential devastating impacts of nuclear weapons on health, the economy, and the environment, there is an impetus placed on global political efforts to minimise nuclear weapon development and storage.

The treaty on the non-proliferation of nuclear weapons (NPT) seeks to achieve this measure with the eventual goal of complete disarmament. The NPT has been ratified by 191 states to date, including the five recognised nuclear-weapon states (United States, United Kingdom, France, China and Russia). The remaining states with nuclear technology that have not signed the treaty are Israel, India, Pakistan, and North Korea. The pillars of the treaty include nuclear non-proliferation, open-access to civilian uses of nuclear technology (including pharmaceuticals and medical technology) and disarmament. In order to achieve

the goal of nuclear disarmament, the International Atomic Energy Agency (IAEA) acts as a safeguard to verify compliance and prevent the diversion of fissile material for weapons use.

A number of issues are evident in the implementation and review of the treaty. Whilst the treaty is reviewed every five years, in the 2015 review conference, there was no adoption of a consensus for substantive outcomes, representing a significant setback regarding the ongoing review process. There also remain substantial issues with the current measures implemented, largely due to the long-term timeframe for reaching objectives. At current, all nuclear-weapon state signatories to the NPT do not demonstrate the necessary political will to provide evidence of the nuclear disarmament process at the multilateral level under sufficient international supervision [104].

### Nuclear Transparency

It is estimated that there are a combined total of 13,080 nuclear and strategic warheads possessed by the world's known nuclear-armed states, as opposed to approximately 70,000 in 1985. Transparency of possession of nuclear weaponry remains controversial with regards to nuclear disarmament. The action plan on nuclear disarmament during the NPT review conference in 2010 recognised the importance of transparency in obtaining deeper reductions in arsenals with enhanced confidence through increased transparency and effective verification of paramount importance [22,23]. Greater transparency allows for better understanding of current nuclear situations, easing of tensions and subsequent decreased perceived nuclear changes. Scarce information, on the other hand, promotes a culture of unwillingness to engage in and advance disarmament. For example, the fate of removed warheads largely remains outside agreements, with no reliable evidence of remaining numbers [108].

In addition, treaties limiting only the active number of warheads carries with it the concern that non-deployed warheads can be used to quickly reconstitute nuclear arsenals in the event of nuclear conflict.

Some practical ways to increase transparency are as follows [108]:

- Establish declarations of fissile material stockpiles and warheads, and verify for accuracy and completeness;
- Confirm warheads marked for elimination are what they are claimed to be;
- Ensure all warheads designated for dismantlement are destroyed and not diverted or replaced by decoys;
- Guarantee no new warheads or fissile materials are produced; and
- Irreversibly dispose of material from dismantled warheads.

### **Chemical Weapons.**

#### Types

Chemical weapon agents (CWA) typically consist of the use of commercial chemicals in standard munitions such as grenades and artillery shells and cover

a broad spectrum of approximately 70 chemicals classified as WMD by the UN. They are classified into 7 broad classes: nerve, blood, blister, choking, lachrymatory, incapacitating, cytotoxins [109]. Blistering agents, which include mustard gas and organoarsenic compounds, are the largest category, contributing up to three quarters of total tonnage at 72,000 declared tonnes [110].

### Impacts

The impacts of chemical weapons on human health and the environment vary significantly, as does our understanding of them. The full extent of long-term effects have yet to be categorised. This is in part due to there being no established analytical methods for detection of chemical weapons in the environment or controlled exposure in the laboratory [111].

The acute modes of action in mammals and in humans is well described as the initial development of most of these chemicals was with the intention to adversely impact their targeted receptors. However, long-term and sub-lethal effects, such as immune defects or cancer development, are less understood. The majority of evidence available for human and mammal effects of CWA is available only from historical usage. Of certainty is the long-term health impact of mustard gas, ranging from skin lesions to COPD and cancer [113]. Efforts at a dozen research centres across Iran aim to quantify the long-term effects of chemical warfare. Although limited by estimations of doses that victims absorbed and complicated by often concurrent use of mustard and nerve agents, this new research may uncover molecular targets for treating mustard's long-term effects [113].

In addition to direct exposure, there is estimated to be a significant amount of secondary exposure to CWAs particularly in water bodies, leading to risk of exposure from clean up efforts as well as catching CWA munitions in trawl nets. [112].

### Treaties

The Geneva Protocol prohibiting the use of chemical weapons in warfare was signed in 1925. It forbids the use of projectiles which serve to diffuse asphyxiating or deleterious gases. Many states reserve the right to use prohibited weapons against states not party to the protocol, as well as the right to use them in retaliation if chemical weapons were used against them [113]. The treaty primarily prohibited the use of chemical weapons, but did not significantly alter development, manufacture and stockpiling which led to an estimated 25 states by the 1980s to be in development of chemical weapons capabilities. While this was successful in preventing large-scale use of CWAs during WW2, there remained significant stockpiling and development, continuing through the Cold War until at least 1993.

With chemical deterrents perceived to have a decreased utility by the end of the Cold War, the conference on disarmament during the Chemical Weapons Convention (CWC) in 1992 formed the basis of CWA disarmament with the

incorporation of stringent verification between parties. Entering into force in 1997, it was the first framework to allow for elimination of an entire category of WMD under universally applied international control [114]. The Organisation for the Prohibition of Chemical Weapons (OPCW) prepared detailed operation procedures to allow for necessary infrastructure to enforce permanent governance to ensure compliance of parties. It was ratified by 189 nations, representing 98% of the global population and included all member states of the UN except Israel, Myanmar, Angola, Egypt, North Korea and South Sudan [115]. As many CWAs have a genuine civilian or non-CWA military use, chemicals were classified into schedules, with specific limitations placed upon each [115].

The Chemical Warfare Convention of 2012 followed, with the goal of ensuring destruction of all CWAs, mostly by conversion to chemicals for peaceful purposes or incineration. At current, an estimated 95% of all declared stockpiles of CWAs have been destroyed [114]. However, this figure is subject to the transparency and compliance of nations, which continues to be questioned.

### **Biological Weapons.**

According to the WHO, biological and toxin weapons involve “either microorganisms like virus, bacteria or fungi, or toxic substances produced by living organisms that are produced and released deliberately to cause disease and death in humans, animals and plants” [116].

Biological agents capable of a large number of deaths in a short time or those capable of secondary transmission pose a significant public health challenge. In addition to lethal uses, biological weapons can be used to target agriculture with secondary effects expanding to the economy, food stocks and morale [116].

### Impacts of Biological Weapons

The use of biological weapons can have devastating effects on human health either directly via illness or death or indirectly via impacts on the environment and effects of consequent epidemics. The combination of rapidity of international transport of potential vectors and the increasing virulence and variety of potential agents is setting the stage for disease epidemic scenarios that could equal or surpass those of any known historical incident [127].

### Treaties

Following international revulsion to the use of mustard gas in WW1, the 1925 Geneva Protocol banned the use of chemical and bioweapons in future wars. It was not ratified by the US or Japan until WW2, with evidence existing that both countries were developing anthrax and other bioweapons secretly. The Biological Weapons Convention originally signed in 1972 supplements the Geneva Protocol and acts to prohibit the development, production, acquisition, transfer, stockpiling and use of biological and toxin weapons. The Convention has been ratified by 184 States Parties and four Signatory States [132]. It has received criticism in its failure to effectively enforce its provisions, with minimal international oversight, though attempts are made by the Biological and Toxin Weapons Convention Implementation Support Unit. This is evident with the

Soviet Union's clandestine bioweapons program continuing until its collapse. Some experts contend there is a low but significant level of research today, with the treaty largely failing to stop countries from undertaking research and large-scale production of biological weapons [133].

### **Autonomous Artificial Intelligence (AI).**

Autonomous AI is a new form of warfare which has been seen in Ukraine and Israel, with fears of AI drones operating essentially without human input. This raises a number of ethical challenges regarding who holds responsibility for harm, particularly when AI is relied upon to drive human decision making in combat [199].

### **CONDUCT OF CONFLICT**

Refers to the rules governing mechanisms of combat regarding prisoners of wars, interrogation, civilian involvement in conflict, viable targets and bombardment to ensure adherence to legislation i.e. the Geneva Convention. Inspired by Henry Dunant, the founder of the International Committee of the Red Cross, the convention was formed to place limits on how war is waged, with the aim of reducing unnecessary human suffering.

### **Prisoners of War.**

According to the United Nations, prisoners of war (POWs) are individuals captured during conflict who belong to, or are associated with, a party involved in the war. This includes members of armed forces, militias or volunteer groups, individuals accompanying the military (such as contractors or war correspondents), crews of aircraft or ships, and civilians who spontaneously take up arms to defend their territory [134].

The Third Geneva Convention states that "prisoners of war must at all times be humanely treated...and protected particularly against acts of violence or intimidation and against insults and public curiosity.." [134]. The Convention also outlines standards for their treatment, including provisions for housing, food, medical care, communication with families, and conditions for repatriation. Additionally, the International Committee of the Red Cross is permitted to visit prisoners, distribute humanitarian aid, and monitor detention conditions to ensure compliance with the Geneva Conventions.

### **Interrogation.**

The United Nations defines torture in interrogation as "any act by which pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third-party information or a confession..." [135].

Research widely demonstrates that torture and abusive interrogation practices are ineffective in extracting reliable information [138,139,140]. The 2005 Army Field Manual states that useful intelligence is best obtained from prisoners treated humanely, noting that information obtained through torture is often inaccurate [136]. Survivors of torture also report that when truthful information

was disclosed, it was frequently incomplete or deliberately mixed with false information [140]. Evidence further shows that torture causes severe and long-lasting psychological harm, including severe trauma, post-traumatic stress disorder (PTSD), memory impairment, depression, paranoia, and delusions [137,139].

Despite extensive research and legal restrictions under the Geneva Conventions, unlawful interrogation practices have persisted. For example, U.S. military personnel employed abusive interrogation techniques at the Bagram Theatre Internment Facility in 2005 [136,140].

### **Viabile Targets.**

The Law of Armed Conflict (LOAC) is part of international law that regulates the conduct of armed conflict by the Australian Defence Force (ADF). It serves to regulate hostilities between states and as such is used as guidance by commanders responsible for planning ADF operations [141]. Chapter 5 'Targeting' of LOAC defines indiscriminate attacks as the following [141]:

- Which are not directed against a specific military objective;
- Involve the use of a weapon that cannot be directed against a specific military objective; and
- The effect of which cannot be limited, as required by the LOAC.

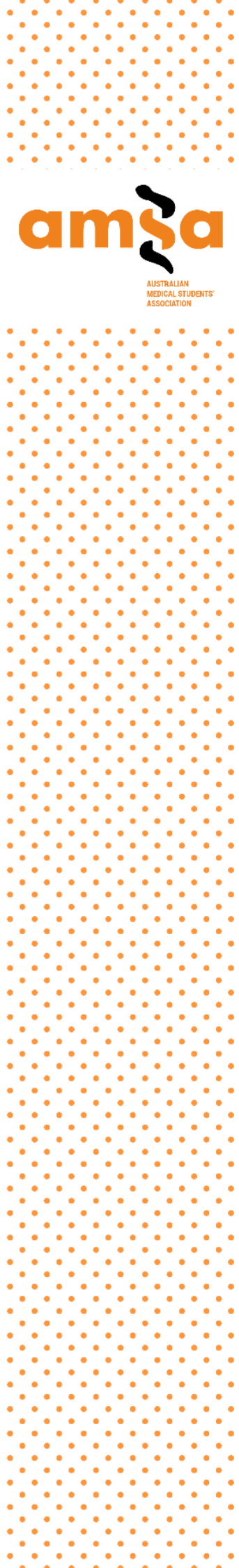
Non-combatants must not be deliberately attacked, though unintended casualties may occur during conflict. Attacks are also prohibited against combatants who are surrendering, wounded, or sick [142].

Section 5.60 permits the use of non-lethal bombardment, provided that the technologies used, and the results expected, comply with the general protection of the civilian population. Non-lethal bombardment must also accord with any other relevant LOAC rules that may impact the use of chemical or biological agents. Examples of successful non-lethal bombardment include radio broadcasts and pamphlet drops for psychological operations [141].

### **Civilian Involvement in Conflict.**

Section 5.4 of the Law of Armed Conflict (LOAC) – Application of LOAC Principles to Targeting defines a civilian as any person who is not a member of the armed forces. Similarly, Article 51 of the First Additional Protocol to the Geneva Conventions states that civilians are protected from attack “unless and for such time as they take a direct part in hostilities” [134].

Although both LOAC and the Geneva Conventions provide clear legal protections for civilians, their involvement in armed conflict remains contentious. International humanitarian law establishes that attacks may be directed at combatants but not civilians [134]. However, the concept of direct participation in hostilities raises practical questions about what actions qualify and how long civilian immunity is lost when participation occurs.



## SOCIAL AND BROADCASTING MEDIA IN CONFLICT

Following the Cold War, the nature of conflict shifted towards information warfare, driven by advances in cyber technology and social media, where influencing public opinion became as important as achieving military objectives [145,146]. Media is often seen as a driver of peace by connecting communities, providing early conflict warnings, and serving as an information source when domestic outlets are silenced, particularly through international broadcasters (IBs) [147]. However, NGOs, IBs, and tech organisations may amplify conflict to drive engagement, and global broadcasting can shape negotiations by exerting external pressure on parties [144-150]. State-controlled media can intensify conflict by promoting national narratives and stereotypes, contributing to violence as seen in the Rwandan genocide [150,151], while private broadcasters may prioritise corporate or political interests in their portrayals [147]. Journalists play a crucial role in exposing human rights abuses, especially where civil society is silenced, but despite protections under UNSC Resolution 1738 [153], enforcement is weak [154], making conflict reporting increasingly dangerous. Social media can also exacerbate conflict through misinformation, fearmongering, political division, and obstruction of negotiations by stakeholders and proxies [160]. It also enables marginalised groups to voice demands in peace mediation, expanding consultations and trust in conflict settings [160]. Yet, by rapidly spreading emotive content, social media can fuel cross-border mobilisation, escalating unrest and potentially contributing to armed conflict [145].

To alleviate conflict, several media interventions may be implemented [143-147]:

- **Media monitoring:** Analysing media content to provide early warning signs of potential conflicts;
- **Media professionalisation programmes:** Promoting media independence and objectivity;
- **Peace, preventive, and conflict-sensitive journalism training:** Educating journalists on their influence in conflict, encouraging balanced reporting of contrasting positions, and emphasising peacekeeping goals;
- **Promoting media law and regulations:** Enforcing regulations to reduce violence-inducing content and limit governmental control and censorship;
- **Social marketing:** Using media platforms to spread awareness of peacebuilding issues; and
- **Citizen journalism initiatives:** Equipping civilians to fact-check information, particularly where domestic sources may be biased, propagandistic, or lack resources to report developments.

### **Social Media and its Role in War and Conflict.**

Social media's worldwide reach allows civilians to overcome government censorship of traditional media [156].

### **Dissemination of Misinformation, Disinformation and Malinformation.**

Stakeholders may utilise disinformation to prolong the conflict or halt peace

negotiations, which may be beneficial to influence elections and negotiations. [160]. Addressing misinformation, mal-information, and disinformation is essential to ensure mediators and their organisations are not exacerbated by conflict lines and delegitimised in peace talks, particularly in international conflicts [160]. Stronger regulation relies on domestic legislation, but in conflict settings governments may abuse such powers to suppress dissent [160,163]. International law permits restrictions for security or rights protection, but these can be misused in authoritarian contexts [162]. Authoritarian governments shape narratives through state-controlled media, censorship, and propaganda techniques such as Russia's maskirovka, while social media provides alternative information sources [145,156,165,166]. Both terrorist groups and governments use social media and propaganda to influence public opinion, recruit supporters, and shape perceptions of conflict [146,167,168]. This highlights the central role of perception management and propaganda in modern warfare [166].

### **WAR CRIMES AND TRIBUNALS**

War crimes are defined to be serious violations of the Geneva Convention of 1949 and codified in Article 8 of the Rome Statute of the International Criminal Court to include torture, inhumane treatment, unlawful destruction of property, and denial of fair trial rights. Under international law, war crimes are not subject to statutory limitations.

National investigations can also be conducted to attain justice for victims of war crimes. For example, the 2020 Bereton Report found credible evidence that 25 Australian Defence Force personnel were involved in the unlawful killings of 39 civilians and the mistreatment of 2 others in Afghanistan.

#### **Ad Hoc Tribunals.**

Article 41 of the UN Charter provides the Security Council with the authority to engage different measures to aid in enforcement, including implementing subsidiary organs [175]. These organs include international tribunals that can prosecute people for committing serious crimes under international humanitarian law [176]. The effectiveness of ad hoc tribunals often depends on state cooperation and political will. There has been criticism about the ineffectuality of such tribunals. Political neutrality concerns may limit intelligence sharing and cooperation. When there are peace-building negotiations ongoing with leaders who are accused of committing war crimes, there is often the use of amnesty or non-prosecution guarantees to ensure their cooperation, to secure ceasefires or withdrawal of troops.

Ad hoc tribunals, including the International Criminal Tribunal for Rwanda and the International Criminal Tribunal for the former Yugoslavia, were established to prosecute specific conflicts and were limited in scope and duration. Their case specific mandates and temporary nature led to criticisms of inconsistency and limited deterrent effect. These limitations contributed to the establishment of the permanent International Criminal Court (ICC). However, the ICC faces funding constraints that affect outreach, victim engagement, and witness protection.

Tribunals provide due process consistent with international human rights standards. Accused persons are entitled to fair trial guarantees, including presence at trial and independent judicial review. Decisions may be appealed on grounds of legal or factual error resulting in miscarriage of justice. Tribunals may impose life imprisonment however cannot impose capital punishment. Tribunals have an educational purpose by contributing to the development and clarification of international criminal law, and protective measures for victims and witnesses, including anonymity and relocation.

### **Plea Bargains.**

Plea bargaining involves reduced charges or sentences in exchange for guilty pleas or cooperation. Plea bargains are to be made voluntarily, with informed consent, and the existence and participation of the accused in crimes must have enough factual evidence. The Office of the Prosecutor has increasingly accepted guilty pleas to a single count of persecution encompassing broader criminal conduct. While it is considered efficient, the reliance on generic charges can limit the detail of historical records. Guilty pleas conserve judicial resources and reduce the need for victim testimonies; however, trials provide authoritative historical documentation, which guilty pleas may curtail. The absence of trial proceedings may limit the participation and acknowledgments of victims, which has shown to be linked to re-emergence of violence and fuelling vengeance in victim groups.

Due to the gravity of the international crimes prosecuted, many believed that plea bargaining should have been avoided through selective indictments, streamlined procedures, and sustained tribunal mandates to prevent premature closure of ad hoc tribunals.

## **DIPLOMACY**

Diplomats manage all stages of conflict; prevention, management during conflict, and post-conflict recovery, responding to global threats that may escalate into violence [174-186]. Preventative diplomatic strategies include negotiation, deterrence, and conflict prevention, while also preparing for conflict if necessary [187]. During and after conflict, diplomacy aims to restore order, ensure stability, and support political and economic pluralism [186]. Although a comprehensive international conflict-prevention regime does not yet exist, such a system would establish norms, assign responsibilities, and enable coordinated responses to emerging conflicts [186,187]. Military force may restore short-term security but cannot resolve conflicts rooted in political or cultural causes [186].

### **Conflict Mediation.**

Third-party diplomacy is defined as the involvement of impartial and outcome-indifferent actors in preventing or resolving conflict, and differs from third-party military intervention [189]. Although the number of states and allies capable of third-party intervention has increased, the proportion of armed conflicts receiving mediation has declined; in the past 15 years, two-thirds of conflicts have had no mediation despite expanded international training,

networks, and a six-fold increase in UN mediation budgets since the 1990s [188].

It is often used when endogenous peace between parties is unlikely, producing exogenous peace through outside involvement [189]. Strategies include persuasion, which provides new information to shift cost-benefit calculations, and imposition, which signals costs through sanctions or military pressure [189]. However, mediation is difficult when parties lack incentives to negotiate or withhold information. Third parties, often appointed by bodies such as the UN Security Council, OSCE, AU or IGAD, must typically possess higher status or credible power, particularly when using imposition strategies [189-191].

### **Humanitarian Corridors and Misuse.**

Humanitarian corridors are agreements between conflicting parties following International Humanitarian Law (IHL) allowing a limited safe passage for civilians and humanitarian aid to enter and exit unsafe zones [191]. Depending on the nature of nations involved in conflict, diplomatic negotiations for humanitarian corridors is simply not sufficient. There must be tangible force and resources on ground to enforce such diplomatic demands [191]. In the case of Ukrainian and Russian conflict, NATO states its inability to extend military protection on ground to ensure safety of Ukrainian cities as fears of provoking Russian forces, escalating violence and increasing humanitarian suffering are very probable given lack of incentives for Russia to comply [192]. Further, humanitarian corridors are at risk of manipulation to facilitate forced displacement. For example, in the Bosnian War in 1993, authorities were concerned of humanitarian corridors being abused to facilitate opponents' aims, including ethnic cleansing by forced evacuation [192]. In this situation, retaining the population within the city, heightening military protection on ground and involving the international community was a way to mitigate misuse [192].

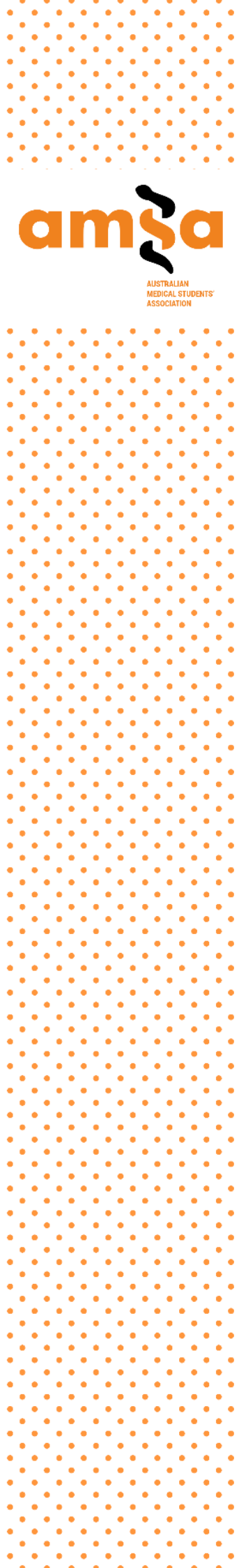
## **Glossary and Appendix**

### **GLOSSARY**

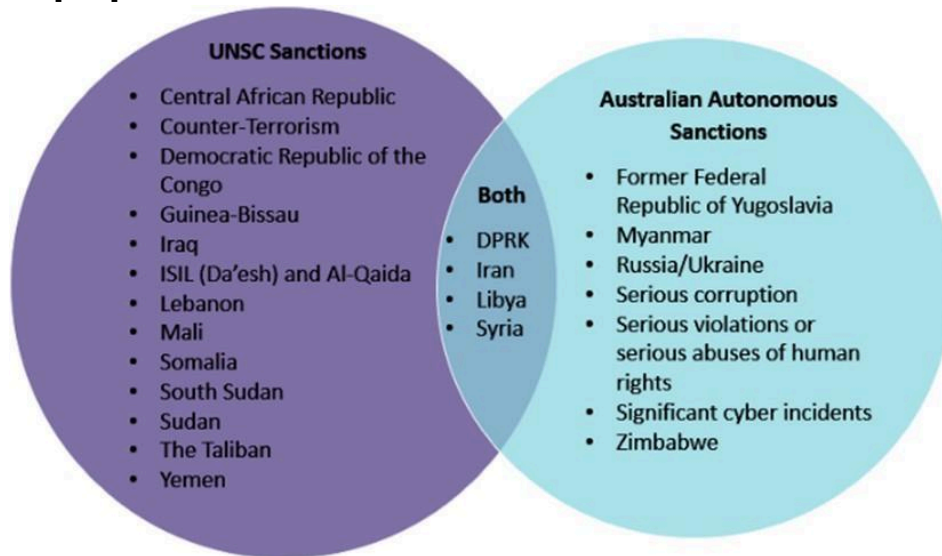
- The United Nations (UN): The UN is an intergovernmental body founded in 1945, whose main goal is to maintain international security, peace, and relations. Currently 193 countries are member states [193].
- The UN Security Council (UNSC): A component of the UN that has responsibility to maintain international security and peace, and aims to lead in identifying international threats, call upon parties to manage identified threats peacefully, impose sanctions, or allow use of force to maintain international security. Australia is a non-permanent member of the UN security council, as part of the Western European and Others group [194].
- High Contracting Parties: it is a party that is still held to its humanitarian obligations even if the other party in the conflict is not bound by the Geneva Conventions or is not respecting them [195].

**APPENDIX**  
1.1 [196,197]

Explosive projectiles <400g	Declaration of Saint Petersburg (1868)
Bullets that expand or flatten the human body	Hague Declaration (1899)
Poisoned and poisoned weapons	Hague Regulations (1907)
Chemical weapons	Geneva Protocol (1925) Convention on the Prohibition of Chemical Weapons (1993)
Biological weapons	Geneva Protocol (1925) Convention on the Prohibition of Biological Weapons (1972)
Weapons that injure by fragments that, when in the human body, escape X-ray detection	Protocol I (1980) to the Convention on Certain Conventional Weapons
Incendiary weapons	Protocol III (1980) to the Convention on Certain Conventional Weapons
Blinding laser weapons	Protocol IV (1995) to the Convention on Certain Conventional Weapons
Mines, booby-traps and 'other' devices	Protocol II amendment (1996) to the Convention on Certain Conventional Weapons
Antipersonnel mines	Convention on the Prohibition of Anti- Personnel Mines (Ottawa treaty) 1997
Explosive remnants of war	Protocol V (2003) to the Convention on Certain Conventional Weapons
Cluster munitions	Convention on cluster munitions (2008)



1.2 [198]



## For More Information

### ARMED CONFLICT

#### Terrorism in Relation to Armed Conflict.

According to the Geneva Convention (1937), terrorism has multiple elements in its definition [1]:

- Article 1, para 1: “criminal acts directed against a State or intended to create a state of terror in the minds of particular persons, or a group of persons, or the general public”;
- Article 2, para 3: “any wilful act calculated to endanger the lives of members of the public”;
- Article 2, para 2: “wilful destruction of or damage to public property”;
- and
- Article 2, para 5: “manufacture, obtaining, possession or supplying of arms or ammunition, explosives or harmful substances with a view to the commission in any country whatsoever”.

#### International Humanitarian Law (IHL) Limitations.

- More frequent cases of low-intensity conflict, leading to unstable environments where local militias and armed groups can operate;
- Increasing instances of extraterritorial military interventions and new forms of foreign military presence in a territory;
- Emerging technologies creating new types of warfare, such as cyber warfare;
- Blurring of lines between ideological and non-ideological confrontations; and
- Increasing existence of transnational networks and multinational conflicts.

Please refer to the “Healthcare in Humanitarian Crises and Disaster Management” (2025) policy for more discussion on specific IHL limitations.

## PUBLIC HEALTH IMPLICATIONS OF WAR

### Displaced Persons.

Public health programs to support displaced populations should include [20]:

- Health information systems;
- Diarrheal disease control;
- Immunisation;
- Basic curative care;
- Selective feeding programs; and
- Endemic disease control and epidemic preparedness.

### Women.

Strategies that could be implemented to support women during war [34]:

- The ratification of existing agreements;
- Fast tracking the UN Security Council Resolution 1325 which commits nations to fully integrate women in all stages of conflict prevention, resolution and post-conflict reconstruction and peace-building;
- Addressing women's needs in peacekeeping and humanitarian operations, such as by ensuring their safety in refugee camps;
- Increasing the number of women in decision-making bodies of governance; and
- Establish or restore justice systems, education, healthcare and economic opportunities for women immediately after the war.

## WEAPONS OF WAR

### Nuclear Weapons.

It was found that one quarter of 20,000 people under 18 living in affected areas of the former Soviet Union had been diagnosed with thyroid cancer from 1991 to 2015 [95]. Further, risk projections from 2005 indicated that 1000 cases of thyroid cancer and 4000 other cancers across Europe were attributable to the radiation effects of the Chernobyl incident. It was also identified that those youngest at exposure had even greater incidence. In addition, clean-up workers of the incident had increased risk of haematological malignancies such as leukaemia, as well as greater risk of cataract development, and cardiovascular disease [96]. This has been supported by research conducted on the effects of irradiation of survivors of the Nagasaki and Hiroshima bombings, with evidence suggesting an increased prevalence of non-cancer disease such as atherosclerosis [97]. Women lactating at the time of exposure also experienced a 2-fold increased risk of breast cancer [98]. Ultimately, it is estimated by the UN that up to 4,000 people would eventually die of disease attributable to radiation exposure [99]. Research conducted following the Nagasaki bombing showed increased adulthood solid cancer mortality in females exposed in utero during and after the strike, suggesting intergenerational effects [99].

### Environmental Impacts of Nuclear Weapons

The term "nuclear winter" refers to the complete environmental devastation that, concurrent with these models, is thought to result from the hundreds of nuclear explosions that would occur in a multilateral nuclear war. The multiscale modelling involving a South Asian regional nuclear exchange scenario suggests

that the effect of smoke plumes penetrating the stratosphere would result in 1-1.5K cooling and up to 11% global ozone losses [100].

Some scientists, however, contend that the concept of nuclear winter itself is debatable. The original impetus for the debate began in 1983 when the output of a one-dimensional model (later shown to overestimate the smoke generatable from a nuclear holocaust) suggested significant global cooling and going so far as to posit 'the extinction of \*Homo Sapiens\*'. More recent estimates, utilising more advanced three-dimensional models) have greatly reduced both the extent and severity of projected cooling. These models suggest a likely single-digit fall in temperatures, which is greatly contrasted by the original sub-zero continental cooling to -25C. Additionally, global nuclear arsenals have greatly diminished in number as a result of nuclear disarmament [101].

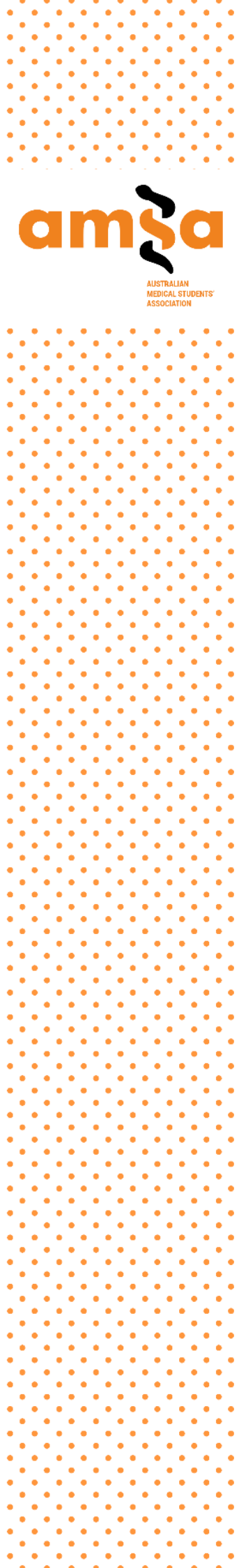
It has been established that anthropogenic radionuclides, such that are released following nuclear strikes, remain in marine and terrestrial ecosystems for a significant period of time due to their long half-lives. The impact of radiation on marine life has demonstrated decreased populations, species richness and diversity of ecosystems from both immediate radiation exposure and repeat exposure events from radionuclides. The Baltic Sea is highly affected by Caesium-137, which has been shown to persist in sediments in marine mammals, herring, and flatfish, affecting taxonomic, functional and evolutionary diversity as well as human and planetary health [102].

### Treaties

Further to the NPT exists the Comprehensive Nuclear-Test-Ban Treaty (CTBT), which acts to multilaterally ban nuclear-related explosions, including nuclear weapons, for any purpose in any environment. After decades of deliberation, the CTBT was adopted by a large majority of the United Nations General Assembly in 1996 [105].

Incorporated into the treaty includes Australia's hosting of 22 monitoring stations and a laboratory, forming part of the CTBT's International Monitoring system, which consists of a network of over 300 monitoring facilities with capabilities including seismological, radionuclide, hydroacoustic and infrasound monitoring. Further to the international monitoring systems are on- site inspections and so-called confidence-building measures to strengthen verification of compliance. As of August 2022, there are a total of 174 ratified and 12 signed states, with the treaty entering force 180 days after ratification [106].

The Strategic Arms Limitation Talks (SALT I & SALT II) and its successors the Strategic Arms Reduction Treaty (START I & START II) aimed to limit possession of strategic offensive arms including nuclear warheads and freeze the number of ICBMs and SLBMs deployed. Its final implementation by late 2001 resulted in the removal of approximately 80% of nuclear weapons in existence at the time. START I as well as its successor START II was seen as successful with regards to net nuclear disarmament, but was significantly limited



by terse and secretive political understanding between the two member states [107].

## **Biological Weapons.**

### Types

There are a number of potential biological weapons agents, including but not limited to: *Bacillus anthracis* (anthrax), *Yersinia pestis* (black plague), *Variola* spp. (smallpox), and *Francisella Tularensis* (Tularaemia).

Anthrax is the weapon of choice for most biological warfare programs due to its dual lethality and practicality– it is easy to produce, lasts for over 100 years and is well suited to widespread aerosolized deployment [117]. The inhalation of spores produced by anthrax bacteria is fatal unless administered large doses of penicillin class antibiotics immediately after exposure. However, aggressors can easily protect themselves against harm whilst developing weaponry; Anthrax is non-communicable, and a vaccine is available which prevents onset of disease [118].

Smallpox was declared eradicated in 1980, with the final naturally spread case occurring in 1977 [119]. As a result, most people born after 1980 have not received a smallpox vaccine and are therefore susceptible to its exposure. It is also unclear whether immunity from the smallpox vaccine remains immunogenic after decades since original exposure. With the majority of the population therefore susceptible to its exposure, the threat of smallpox bioterrorism or otherwise attack is concerning [124]. Two labs in the world are approved to possess the virus for research: CDC (US) and Russian State Centre for Research on Virology and Biotechnology in the Russian Federation [118]. Smallpox carries a 30% mortality following inhalation and can be grown in large amounts. There is current concern that possession has fallen into the hands of rogue states or terrorists. Mousepox, a close cousin of variola, has been shown to be amenable to genetic modification to the effect of high virulence and immunisation-escaping capabilities [121]. Such efforts were made possible by the entire viral genome being readily available in public databases [122]. Herein lies the concern that with sufficient technology and expertise, a smallpox virus could be generated and genetically modified for use as a terrorist weapon or as a deterrent.

### Methods of Delivery

Biological weapon delivery systems in the past have included missiles, bombs, hand grenades and rocket-propulsion devices as well as spray-tanks fitted to aircrafts, cars, trucks and boats for aerosolised delivery. There have also been efforts documented for development of devices for use in assassination or sabotage operations, including sprays, brushes and injection systems as well as methods for contamination of food and clothing. The accelerated bioweapons programs of the US and Soviet Union during the Cold War also saw development of aerosol sprays deliverable by plane or ballistic missile [123].

## Weaponisation of Genetic Power

Breakthroughs in gene editing have injected a new sense of optimism in modern medicine, but they have also reawakened fears about weaponised pathogens. With gene-editing technology such as Clustered Regularly Interspaced Short Palindromic Repeats CRISPR, scientists are now able to specifically and intentionally modify the DNA of an organism, with efficiency and accuracy never before seen. Particularly since CRISPR is a relatively new technology, the potential applications and implications of biological warfare are yet to be known [124]. There is a concern that advances in biotechnology related to gene editing have the potential to revitalise state biological weapons programs, drastically undermining disarmament progress and ultimately de-stabilising the international order.

Another concern related to gene editing in biological weapons includes individualisation of targeting. While the necessary technological capacity is not currently believed to exist, it might become possible to edit the genes of a virus with the ability to affect only a single target based on their genetic code. In 1981, the apartheid government of South Africa launched Project Coast: which is believed to have looked into biological means to assassinate opponents as well as plans to administer an antifertility vaccine to black women [124]. Further to this, there is a fear that with gene editing advancements, it may be possible to develop biological weapons capable of discrimination of target populations based on ethnicity, race or other genetically defined characteristics [125].

The term “black biology” refers to the genetic engineering of microorganisms to generate novel biological agents. Genetic maps of deadly bacteria, viruses and microorganisms are already widely available and accessible. The entire genetic code of the cholera pathogen has been published and work is underway to map genomes of another 100 microbes, including the bacteria producing anthrax, plague and typhoid. The fear therefore is that pathogens with unpredictable and unprecedented characteristics may be developed and used, greatly undermining any public health response [126].

With significant barriers in place to prevent access to nuclear technology and development, the combined factors of lower cost, ease of access and high effectiveness may incentivise rogue and small states to consider investing in and developing biological weapons. In addition, the development and maintenance of a clandestine biological weapons program has been historically easy. This is largely due to both equipment and agents often having legitimate uses and privacy may be maintained under the facade of threats of industrial espionage as well as the relative untraceability of the chemicals [124].

With expansion of technologies pertaining to microbiology and virology, there is substantial concern that the overall impacts of wide scale deployment of a biological weapon agent could have a catastrophic and unpredictable effect, generating an unprecedented public health emergency. For example, if the method of delivery involves targeting water resources, health impacts include

both the effect of the agent and ensuing lack of viable drinking water. Modern pathogens carry with them considerable ease in delivery. With a well-functioning public health system, water induced diseases, although having the capacity to induce significant harm, can be countered with swift measures to prevent the spread [128]. Agents may also target the alimentary route, typically via bacterial toxins such as Salmonella.

Smallpox typically demonstrates non-specific features such as fever and vomiting, followed by mouth ulcers and skin rash [129]. Following this, the clinical course can diverge and can be classified according to the Rao classification as ordinary, modified, malignant or haemorrhagic smallpox. The malignant and haemorrhagic forms are usually fatal, while ordinary smallpox, constituting over 90% of cases, had a fatality rate of approximately 30% [130].

Before 2001, inhalation of anthrax carried a 90% mortality rate, having now fallen to 45% with early antibiotic treatment. The lethality of the spore is largely due the production of lethal toxin and oedema toxin via protective antigen and oedema factor respectively. These toxins cause death and oedema respectively and account for the resultant symptoms. Effects of inhaled anthrax range from non-specific features such as fever to gastrointestinal symptoms and death. Cutaneous anthrax, however, is rarely fatal if treated [131].

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## Policy Details:

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