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**The Legal System for the International Protection
of the Right to Health during Armed Conflicts**

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Abstract:

This paper undertakes a comprehensive evaluation of the global juridical structures dedicated to safeguarding medical welfare during times of warfare, with a particular focus on measuring the efficacy of current regulatory frameworks. The analysis demonstrates that this protective regime is fundamentally sustained by two interlinked dimensions: international humanitarian law, which finds its expression in the 1949 Geneva Conventions along with established state practice, and international human rights standards rooted in foundational universal declarations. Furthermore, this study examines the operational frameworks responsible for execution, focusing on the contributions of the International Committee of the Red Cross, various United Nations organs, and non-governmental entities. The research ultimately indicates that while the doctrinal architecture is extensive, a considerable divide remains between statutory norms and practical implementation on the battlefield, reflecting a clear deficit in enforcement capabilities. To address these limitations, the study emphasizes the need to upgrade international liability regimes, implement early response architectures, and cultivate robust integration across both legal disciplines to mitigate existing vulnerabilities.

Keywords: Right to health; Armed conflicts; International humanitarian law; Human rights; International responsibility.

INTRODUCTION

The entitlement to medical care represents a core normative cornerstone within international conventions, receiving extensive scholarly and legal scrutiny, especially when examining humanitarian protections during periods of warfare—milieus that pose the most acute hazards to human existence and bodily integrity. In contemporary history, geopolitical violence and armed confrontations have emerged as a primary driver of human devastation. Their consequences indiscriminately affect civilian populations and military personnel, causing extensive degradation of sanitary infrastructure and placing medical personnel at severe risk, thereby aggravating intricate humanitarian emergencies that directly imperil the fundamental rights to life and physical well-being.

An evaluation of medical protection during warfare necessitates a thorough exploration of the overarching legal framework that dictates its parameters. This normative architecture operates on a dual foundation comprising two distinct yet intersecting doctrines: international humanitarian law, which provides the baseline for governing military engagement and defending non-combatants, and international human rights standards, which secure the foundational privileges of individuals universally, spanning periods of peace and stability as well as wartime crises. The dynamic interplay between these legal regimes has facilitated the emergence of a unified international mechanism for human preservation, though its operational realization continues to confront systemic challenges in practical application¹.

The importance of studying this subject is underscored by the urgent humanitarian necessity imposed by current conditions in conflict zones around the world, where blatant violations of the right to health continue to multiply—from the destruction of hospitals and medical centers, to the disruption of medical supplies, to attacks on healthcare workers and first responders.

The central problematic of this research revolves around a pivotal question: **does the existing international legal system provide adequate and effective protection for the right to health during armed conflicts, and what are the limits of this protection and its shortcomings?**

To address this question, the initial segment of this study will analyze the international normative structures that regulate medical safeguards in wartime environments, evaluating both their doctrinal origins and operational boundaries. Concurrently, the subsequent section will investigate the institutional enforcement instruments designed to execute these protections, measuring the practical reach of their efficacy in active conflict zones

Section One: The International Legal Framework for the Right to Health during Armed Conflicts

The global legal architecture safeguarding medical well-being amid hostilities is anchored in a dual statutory framework; it derives its authority from the tenets of international humanitarian law alongside the doctrines of international human rights law. This overlapping normative foundation demands a meticulous and comparative analysis of both legal regimes.

Subsection One: Sources of the Right to Health in International Humanitarian Law

International humanitarian law serves as the bedrock for preserving physical and medical integrity during wartime, offering a comprehensive suite of regulations designed to mitigate the collateral damage of warfare on civilians and medical infrastructure. The historical origins of this jurisprudence date back to the late 1800s, a period marked by a growing consensus among nations on the imperative to legally constrain military conduct and curb its devastating societal impact.

First: The Geneva Conventions of 1949 and their Additional Protocols

The 1949 Geneva Conventions collectively serve as the cornerstone of contemporary international humanitarian law, achieving global endorsement with 196 signatory nations. This widespread ratification solidifies their mandatory compliance and mirrors deeply entrenched customary international legal principles. Specifically, the First Convention delineates clear regulations focused on enhancing the treatment of military personnel who are injured or incapacitated on the battlefield. Under these stipulations, warring factions are legally bound to rescue these individuals and administer vital healthcare treatment, enforcing strict impartiality where medical urgency remains the sole criteria for prioritization.

Furthermore, the treaty endorses the doctrine of medical neutrality, outlawing acts of aggression against healthcare workers, clinical structures, and medical vehicles. It mandates continuous immunity for these entities, provided they operate exclusively within humanitarian parameters. With respect to civilians during wartime², the Fourth Convention outlines clear mandates under Article 55 concerning populations under foreign occupation. This provision places distinct responsibilities on the occupying authority to safeguard the physical well-being and security of inhabitants, supply essential pharmaceutical goods, and facilitate the transit of relief operations.

The framework was later expanded and reinforced by the two 1977 Additional Protocols. Protocol I, which governs international armed conflicts, codifies extensive safeguards for healthcare services and strictly forbids hostilities targeting medical detachments, infrastructure, or transport³. Meanwhile, Protocol II adapts these guarantees to non-international armed conflicts, widening their scope to encompass internal strife and civil wars, which currently represent the vast majority of modern warfare.

Second: Customary International Humanitarian Law

Parallel to conventional treaty law, customary international humanitarian principles are instrumental in bolstering healthcare safeguards, serving as a critical legal safety net for entities operating outside formal treaty ratifications. The ICRC played a monumental role in delineating and articulating these unwritten norms through its landmark 2005 analytical compendium, which synthesized 160 enforceable customary mandates—several of which directly address healthcare rights. Prominent among these dictates is the strict interdiction of military strikes targeting healthcare personnel, medical installations, or clinical infrastructure⁴.

Furthermore, these doctrines place an explicit onus on belligerent parties to facilitate the unhindered passage of relief operations to non-combatants, while simultaneously outlawing the weaponization of civilian starvation⁵. They similarly condemn any offensive maneuvers directed at assets vital for civilian preservation, such as potable water resources, agricultural provisions, and healthcare systems.

Third: Fundamental Doctrines of IHL and Interconnected Healthcare Protections

Within the purview of international humanitarian law, guarantees for medical well-being are rooted in a matrix of core tenets. Chief among these is the principle of humanity, which mandates compassionate treatment and absolute impartiality for all non-combatants⁶. The principle of medical neutrality constitutes another essential pillar, guaranteeing that medical workers shall not be attacked as long as they are performing exclusively humanitarian duties.

Additionally, the principle of proportionality restricts warring factions by forbidding operations expected to inflict collateral damage on civilians or medical systems that disproportionately outweighs the projected tactical gain⁷. This standard was explicitly upheld by the ICTY across various rulings regarding the preservation of non-combatant and clinical assets⁸. In the same vein, the doctrine of discrimination separating non-combatants from military personnel functions as a vital defense mechanism against intentional strikes on medical centers, alongside the staff and assets they house.

Subsection Two: The Right to Health within the International Human Rights Law Framework

Global safeguards ensuring medical well-being extend far beyond the parameters of international humanitarian law. Indeed, both transnational and regional human rights charters are instrumental in conceptualizing and consolidating these medical entitlements, maintaining their validity even amidst armed hostilities. Consequently, this legal overlap introduces a supplementary protective tier that reinforces and integrates with the existing humanitarian matrix.

First: Explicit Endorsement of Healthcare Entitlements within Global Human Rights Treaties

The 1948 Universal Declaration of Human Rights serves as the inaugural milestone in the global endeavor to formalize medical entitlements. Within this proclamation, Article 25 validates the entitlement of every human being to a decent lifestyle that guarantees personal and familial well-being, explicitly encompassing medical services⁹. Even though this manifesto functions as a non-binding instrument, it effectively laid the theoretical foundation that underpinned subsequent binding international compacts¹⁰.

Later, the ICESCR of 1966 institutionalized these medical privileges within a mandatory treaty structure. Its 12th Article explicitly recognizes the prerogative of all individuals to achieve optimal physical and psychological well-being. To further elucidate these parameters, the Committee on Economic, Social and Cultural Rights promulgated General Comment No.14¹¹. In the year 2000, delineating the operational pillars of this entitlement through the criteria of availability, accessibility, acceptability, and quality.

In analyzing this framework, the prominent legal expert Philip Alston postured that healthcare entitlements represent an intrinsic human objective rather than a secondary tool for implementing other liberties. He asserted that comprehensive treaty protections necessitate an expansive application, which naturally extends to periods of military hostilities. Furthermore, the 1989 Convention on the Rights of the Child reinforced this protective umbrella; Article 38 specifically targets demographics heavily impacted by warfare, reaffirming youth medical entitlements and demanding that signatory nations implement targeted safeguards during periods of combat

Second: The Continuous Relevance and Force of Human Rights Doctrines Amidst Warfare

The enforceability of human rights guarantees throughout armed hostilities has provoked profound jurisprudential and academic discourse. Crucially, the ICJ addressed this issue in its 1996 advisory ruling concerning the lawfulness of nuclear weapons, asserting that the protection against unlawful deprivation of life remains fully operational during wartime. The tribunal clarified that evaluating what constitutes an unlawful taking of life must be guided by the specialized metrics of international humanitarian law¹².

This stance was later reinforced in the court's 2004 advisory opinion regarding the separation barrier in the Occupied Palestinian Territory, where it reaffirmed that human rights treaties do not cease to apply during military operations¹³. In academic circles, the insights of the eminent legal expert Nils Melzer have significantly advanced the conceptualization of how IHL and human rights doctrines coalesce, providing a sophisticated matrix to reconcile any perceived friction between these two legal systems¹⁴.

Similarly, the noted scholar Marco Sassòli posited that human rights stipulations can effectively remedy statutory voids found within the humanitarian law regime. He noted, however, that such integration is contingent upon these principles aligning with the foundational rationale and operational environment of humanitarian law—a perspective that currently enjoys widespread endorsement for managing the nexus between both legal fields.¹⁵

Third: The Synergistic Nexus Between Humanitarian Principles and Human Rights Jurisprudence

Modern international legal doctrine has firmly solidified a principle centered on the synergy and cross-pollination between IHL and human rights frameworks, specifically regarding the preservation of medical well-being during wartime hostilities. The prominent academic Cordula Droege characterized this nexus as a dynamic of reciprocal influence and systemic cohesion; she noted that while humanitarian stipulations function as the *lex specialis* in operational theater, human rights instruments enrich this structure by offering more expansive safeguards aimed at protecting human dignity and foundational liberties¹⁶.

Pragmatically, this interwoven paradigm is increasingly manifested in the jurisprudence of global judicial organs and international tribunals, which frequently synthesize both legal branches when rendering verdicts on healthcare deprivations in active warzones. To this end, the 2013 analytical study compiled by the UN Special Rapporteur on the Right to Health declared that this mutually reinforcing integration marks the pinnacle of international jurisprudence in its ultimate mission to shield individuals facing the most brutal conditions.

Section Two: Mechanisms for Implementing the International Safeguards for Sustaining Medical Well-being Amid Hostilities

Merely having existence of comprehensive legal texts alone is insufficient to guarantee healthcare rights throughout armed hostilities. What is equally required are effective mechanisms for monitoring and documenting violations, prosecuting their perpetrators, and a clear framework of international legal responsibility.

Subsection One: International Mechanisms for Monitoring and Ensuring Respect for the Right to Health

First: The ICRC

This independent humanitarian organization plays a pivotal part in preserving healthcare rights amidst armed hostilities, acting under the authority of the Geneva Conventions, which have granted it broad powers and a well-established mandate in this domain¹⁷. The Committee's functions are wide-ranging and include visiting detainees and prisoners of war and monitoring the health conditions of their detention, mediating between parties to a conflict to ensure humanitarian access, and providing field medical services in conflict zones.

In its fieldwork, the organization follows a policy of discretion and neutrality in its operations, which allows it to maintain effective channels of access to warring parties. The Committee launched its "Health Care in Danger" initiative, aimed at documenting and addressing attacks on medical services in conflict zones. Reports generated by this initiative between 2012 and 2020 revealed more than eleven thousand incidents of violence against health care services in conflict zones around the world.

Second: United Nations Mechanisms

Within the United Nations system, a range of mechanisms exist to monitor healthcare deprivations throughout armed hostilities. Foremost among these is the Security Council, which holds the authority to issue binding resolutions – such as Resolution 2286 of 2016, which explicitly called for respect for international humanitarian law, the protection of medical services, and the condemnation of attacks against them.

The UN Special Rapporteur tasked with investigating healthcare entitlements also plays a prominent role in this regard, carrying out functions of investigation, documentation, and advocacy. Special Rapporteur Dr. Anand Grover issued a detailed report – Report No. 23/41 – in 2013 addressing medical safeguards during wartime, exposing egregious violations across multiple regions of the world. Various supervisory conventions and monitors, including the Committee on Economic, Social and Cultural Rights, also contribute by reviewing states' compliance with statutory mandates relating to healthcare protections.

Third: The Role of International Civil Society Organizations

Non-governmental organizations working in the field of humanitarian health – such as Médecins Sans Frontières – perform an invaluable role concerning the operational safeguarding of medical rights. These organizations are often the only entities capable of reaching the most dangerous areas to deliver medical services. The 2014 Médecins Sans Frontières report titled "Killed While Caring" exposed systematic patterns of attacks against medical workers in conflict zones.

These organizations also bear the responsibility of documenting and bearing public witness to ongoing violations. A study conducted by researchers at an international alliance monitoring healthcare during warfare revealed that between 2016 and 2020, more than four thousand verified incidents of violence against health workers and health facilities were recorded in armed conflicts around the world¹⁸.

Subsection Two: International Responsibility for Violations Targeting Medical Rights Throughout Warfare

First: Forms of Violations Giving Rise to International Responsibility

The violations that engender international responsibility regarding medical care protections take many forms. At the forefront of these violations are direct attacks on hospitals and medical facilities, which constitute an explicit breach of international humanitarian law and, in many instances, amount to actionable war crimes¹⁹. The brutal use of siege as a means of pressure that prevents medical supplies from reaching civilian populations is equally a grave violation carrying far-reaching international responsibility²⁰.

Attacks against medical personnel – including doctors, nurses, health workers, and ambulances – also constitute an explicit violation of international humanitarian law, which guarantees their protection under all circumstances as long as they are carrying out their humanitarian duties. Research in this field has noted that international organizations play a central role in protecting such facilities, and that any shortcoming in fulfilling this role has a negative impact on the right to health in conflict zones.

Second: Individual International Criminal Responsibility

The emergence of international criminal justice has contributed to establishing a new framework of individual accountability regarding breaches of humanitarian principles. Article 8, paragraph 2, under the ICC's foundational treaty of 1998

classifies as war crimes the intentional targeting of clinics and healthcare infrastructure ,as well as medical vehicles bearing the distinctive protective emblems established under international law.

Employing famine as a combat strategy during internal hostilities was also recognized as a war crime under the 2019 amendments to the Rome Statute. In its 2016 judgment in the case prosecuting Jean-Pierre Bemba, the ICC affirmed the responsibility of military commanders for violations of the right to health committed by their subordinates under the doctrine of command responsibility²¹.

Third: State International Responsibility

Serious violations of the right to health give rise to state international responsibility under the principles set out by the ILC's codification governing the accountability of sovereign nations for illicit behavior, which include the requirement to terminate the illicit conduct, offer guarantees of non-repetition, and provide reparation to those harmed.

Scholar James Crawford contributed to the drafting of these articles, offering a rigorous legal framework for identifying internationally wrongful acts and their legal consequences²². Some states have brought litigation directly before the ICJ seeking to establish international responsibility for infringements upon healthcare rights, as seen in the case of *The Gambia v. Myanmar* concerning violations of the Genocide Convention and the grave health violations it encompassed.

Fourth: Obstacles to the Effectiveness of the Protection Framework

Despite the richness of the international protection framework for the right to health in terms of both text and theory, it is beset by fundamental shortcomings that limit its practical effectiveness. Among the most significant of these is the weakness of implementation and enforcement mechanisms. One body of legal scholarship has observed that international law still lacks effective self-executing enforcement mechanisms, and that its application remains contingent upon the political will of major powers²³.

The growing complexity of contemporary conflicts presents additional challenges, particularly with the involvement of non-state armed actors. Scholar Sassòli addressed the problem of the gap between state obligations and those of such actors, proposing models for binding non-state armed groups to the rules of international humanitarian law through negotiated mechanisms and special agreements²⁴. The profound gap between the legal text and actual practice remains one of the deepest challenges in this field, and calls for intensified efforts in awareness-raising, training, and the strengthening of a culture of

CONCLUSION:

This research has concluded that the international safeguards for medical well-being during military hostilities rests upon a rich and multi-layered legal framework that brings together the statutory codifications of IHL and international human rights treaties a deeply complementary relationship. At the same time, the research has revealed wide gaps between the legal framework as written and the lived reality on the ground in conflict zones around the world, with implementation and enforcement mechanisms remaining the weakest link in the protection system.

Accordingly, the research puts forward the following recommendations:

First: Strengthening international accountability mechanisms by expanding the ICC's judicial mandate and enhancing its capacity for indicting individuals held accountable for aggregative infringements upon the right to health.

Second: Developing early warning and monitoring systems for violations affecting medical services in conflict zones, and reinforcing the capacities of international oversight bodies.

Third: Intensifying awareness-raising and training efforts on international humanitarian law among combatants and parties to armed conflicts, so as to entrench a culture of compliance and reduce the margin of violations.

Fourth: Supporting humanitarian access mechanisms and providing the necessary protection for medical and humanitarian workers operating in conflict zones.

Fifth: Advancing cooperation between both humanitarian and human rights legal regimes regarding healthcare rights, and harmonizing monitoring and reporting mechanisms to avoid contradictions and close existing gaps.

.4 - Bibliography List :

-Books

[1] Sassoli, Marco: International Humanitarian Law: Rules, Controversies, and Solutions to Problems Arising in Warfare, Edward Elgar Publishing, Cheltenham, 1st Ed., 2019.

[2] Henckaerts, Jean-Marie & Doswald-Beck, Louise (eds.): Customary International Humanitarian Law, Vol. I: Rules, ICRC & Cambridge University Press, Cambridge, 2005.

[3] Al-Shalaldeh, Muhammad Fahad: International Humanitarian Law, Dar Al-Shorouk, Amman, 2002.

[4] Toebes, Brigit: The Right to Health as a Human Right in International Law,

Intersentia, Antwerp, 1999.

[5]Tobin, John: The Right to Health in International Law, Oxford University Press, Oxford, 2012..

[6]Melzer, Nils: Targeted Killing in International Law, Oxford University Press, Oxford, 2008.

[7]Al-Zumali, Amer: Introduction to International Humanitarian Law, Arab Institute for Human Rights, Tunis, 1997.

[8]Hamouda, Muntasir Sa'id: International Protection of Medical Personnel During Armed Conflicts, Dar Al-Fikr Al-Jami'i, Alexandria, 2013..

[9]Crawford, James: The International Law Commission's Articles on State Responsibility: Introduction, Text and Commentaries, Cambridge University Press, Cambridge, 2002.

-Articles

[10]Henckaerts, Jean-Marie & Doswald-Beck, Louise: Customary International Humanitarian Law, Vol. I, ICRC & Cambridge University Press, Cambridge, 2005, p. xliii; Rules 25, 26, 29, pp. 79–100.

[11]Abdel Aziz Al-Hassawi: "The Existing Controversy over the Security Buffer Wall in Occupied Palestine," Journal of Scientific Research and Studies, Vol. 1, No. 1, 2007, p. 116.

[13]Droege, Cordula: "Elective Affinities? Human Rights and Humanitarian Law," International Review of the Red Cross, Vol. 90, No. 871, September 2008, pp. 501–548.

[14]Haar, Rohini J. et al.: "Violence Against Healthcare in Conflict: A Systematic Review of the Literature and Agenda for Research," Journal of the American Medical Association, 2022 .

[15]Sassoli, Marco: "Taking Armed Groups Seriously: Ways to Improve their Compliance with International Humanitarian Law," Journal of International Humanitarian Legal Studies, Vol. 1, No. 1, 2010, p. 5-47.

-Legal Documents

[16]Art. 19: Convention (I) for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field, International Convention, Geneva, 12 August 1949.

[17]Art. 12; Art. 51, para. 5(b): Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of International Armed Conflicts (Protocol I), 8 June 1977.

[18]Art. 25: Universal Declaration of Human Rights, UN General Assembly Resolution 217(III), 10 December 1948.

[19]Art. 12: International Covenant on Economic, Social and Cultural Rights, UN General Assembly Resolution 2200(XXI), 16 December 1966.

[20]Art. 8, para. 2(b)(ix): Rome Statute of the International Criminal Court, 17 July 1998.

-Judgments and Judicial Decisions

[21]International Criminal Tribunal for the Former Yugoslavia (ICTY), Trial Chamber, Prosecutor v. Stanislav Galić, Case No. IT-98-29-T, Judgment, 5 December 2003.

[22]International Court of Justice (ICJ), Legality of the Threat or Use of Nuclear Weapons, Advisory Opinion, I.C.J. Reports 1996..

[23] International Criminal Court (ICC), Trial Chamber III, Prosecutor v. Jean-Pierre Bemba Gombo, Case No. ICC-01/05-01/08, Judgment, 21 March 2016.

Referrals And References:

¹ Sassoli, Marco, International Humanitarian Law: Rules, Controversies, and Solutions to Problems Arising in Warfare, Edward Elgar Publishing, Cheltenham, 2019, p. 35.

² Convention (I) for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field, Geneva, 1949, Art. 19.

³ Protocol Additional to the Geneva Conventions (Protocol I), 1977, Art. 12.

⁴ Henckaerts & Doswald-Beck, op. cit., p. xliii.

⁵ Ibid., Rules 25, 26, 29, pp. 79–100.

⁶ Muhammad Fahad Al-Shalalkeh, International Humanitarian Law, Dar Al-Shorouk, Amman, 2002, p. 45.

⁷ Protocol Additional to the Geneva Conventions (Protocol I), 1977, Art. 51, para. 5(b).

⁸ ICTY, Prosecutor v. Galić, Case No. IT-98-29-T, Trial Chamber Judgment, 5 December 2003, para. 58.

⁹ Universal Declaration of Human Rights, Art. 25, UN General Assembly Resolution 217(III), 1948.

¹⁰ Toebes, Brigit, The Right to Health as a Human Right in International Law, Intersentia, Antwerp, 1999, p. 43.

¹¹ International Covenant on Economic, Social and Cultural Rights, Art. 12, UN General Assembly Resolution 2200(XXI), 1966.

¹² Tobin, John, The Right to Health in International Law, Oxford University Press, Oxford, 2012, p. 15.

¹³ Abdel Aziz Al-Hassawi, "The Existing Controversy over the Security Buffer Wall in Occupied Palestine," Journal of Scientific Research and Studies, Vol. 1, No. 1, 2007, p. 116.

¹⁴ Melzer, Nils, Targeted Killing in International Law, Oxford University Press, Oxford, 2008, pp. 52–54.

- ¹⁵ Sassoli, Marco & Olson, Laura M., "The Relationship between International Humanitarian and Human Rights Law Where It Matters: Admissible Killing and Internment of Fighters in Non-International Armed Conflicts," *International Review of the Red Cross*, Vol. 90, No. 871, 2008, p. 599.
- ¹⁶ Droege, Cordula, "Elective Affinities? Human Rights and Humanitarian Law," *International Review of the Red Cross*, Vol. 90, No. 871, September 2008, pp. 501–504.
- ¹⁷ Amer Al-Zumali, *Introduction to International Humanitarian Law*, Arab Institute for Human Rights, Tunis, 1997, p. 120.
- ¹⁸ Haar, Rohini J. et al., "Violence Against Healthcare in Conflict: A Systematic Review of the Literature and Agenda for Research," *Journal of the American Medical Association*, 2022.
- ¹⁹ Rome Statute of the International Criminal Court, Art. 8, para. 2(b)(ix), 17 July 1998.
- ²⁰ Sassoli, op. cit., p. 255.
- ²¹ ICC, *Prosecutor v. Jean-Pierre Bemba Gombo*, Case No. ICC-01/05-01/08, Trial Chamber III Judgment, 21 March 2016, para. 400.
- ²² Crawford, James, *The International Law Commission's Articles on State Responsibility: Introduction, Text and Commentaries*, Cambridge University Press, Cambridge, 2002, pp. 40–45.
- ²³ Tobin, John, op. cit., p. 352.
- ²⁴ Sassoli, Marco, "Taking Armed Groups Seriously: Ways to Improve their Compliance with International Humanitarian Law," *Journal of International Humanitarian Legal Studies*, Vol. 1, No. 1, 2010, p. 5.