



# Social Media Reactions to Hospital Bombings

LESSONS FROM INCIDENTS IN FOUR CONFLICT-AFFECTED CONTEXTS FOR SAFEGUARDING THE HUMANITARIAN SPACE AND MEDICAL PROTECTION



Ne gobez pas lo propagande de ces nazis

Was there really a hospital there?

“? ρηοοωδϋjs 🤔🤔🤔”

#Hospitals\_are\_not\_targets

Where is the criminal court?

If we keep sending (reports) like this. what con the international community really do, what have they done tor us?

It's almost five years now--what the tinalional community done to prectect us?

So many civilians and children have died and the most important thing should have been to

Where is the criminal court?

You Western organizations are working behind the scenes to prolong the war and are spies.

4-abrmening You Western organizations are working behind the scenes to prolong the war and are spies. You's War. At teas! werewamed Israells don'l get warnings, in Sudan or Congo or anywhere else no warning and time to evacuate is given

# Executive summary

Explosive weapons are being increasingly used in conflict, causing severe harm to civilians and critical health infrastructure. Insecurity Insight has documented 3,075 incidents in which hospitals, clinics, and pharmacies were damaged or destroyed by explosive weapons in 33 countries and one territory between 1 January 2016 and 4 November 2025. Attacks on health facilities severely disrupt life-saving care, reduce the quality and availability of services, and heighten fear among patients and health workers, contributing to preventable deaths and excess mortality.

The 2022 Political Declaration on the Use of Explosive Weapons in Populated Areas, which has been signed by 88 states, seeks to reduce civilian harm and strengthen compliance with international humanitarian law (IHL), including the protection of hospitals. Under IHL, hospitals must never be targeted, and are awarded special protection unless a conflict party uses them to commit acts harmful to its enemy. Even then, attacks must comply with strict rules of precautions and proportionality.

At the same time, the humanitarian space, which is a conceptual and practical environment that helps to alleviate suffering during conflict by allowing humanitarian organisations to operate safely, independently, and effectively in conflict or crisis settings, is increasingly under threat.

Social media plays a growing role in modern conflicts, shaping public narratives around hospital attacks and contributing to the shrinking of the humanitarian space. Conflict parties and supporters use platforms to advance partisan narratives, while affected communities share experiences, document violations, and call for support. However, harmful information and artificial intelligence (AI)-generated content can undermine public trust, empathy, and the protection of the humanitarian space.

This report examines cases of hospital attacks in one territory and three states – Gaza, Myanmar, Sudan, and Ukraine – between October 2024 and October 2025, analysing social media posts and comments and how these discussions contributed to harmful content that helped to undermine the humanitarian space. The analysis showed that harmful narratives emerge from three processes:

- online questioning of the protected status of hospitals, creating doubt and confusion in public opinion;
- disappointment with the international system's limited capacity to enforce the protections guaranteed by IHL, leading to disillusionment and frustration directed at organisations perceived as representing that system, such as aid agencies; and
- hate speech targeting groups perceived to collectively represent the military actors responsible for air strikes on and the shelling of hospitals, increasing polarisation and distrust.

These parallel narratives interact in ways that profoundly undermine trust in, acceptance of and respect for the international norms that underpin the humanitarian space. This effect is particularly strong when such narratives circulate in response to visible and personal testimony of violations against protected civilian infrastructure during conflict. As breaches of IHL become more visible, the normative barriers that support physical and practical protection for hospitals and other civilian infrastructure are weakened, eroding the already aspirational standards of civilian protection.

The analysis also examined the process of how social media contributes through disinformation, misinformation, and hate speech to spreading harmful content that contributes to shrinking the humanitarian space that protects civilians and alleviates suffering. Understanding this process is vital to efforts to develop effective and practical communication strategies that counter such processes and work towards protecting humanitarian values in the digital space. **Key findings include the following:**

- **Acceptance of the factual nature of reported attacks:** Social media users generally acknowledged that hospital strikes occurred, and outright denials or fabricated incidents were rare.
- **Narratives of interpretation:** Harmful narratives emerged through specific kinds of framing and interpretation, linking attacks to wider political or ideological agendas.
- **Erosion of protection norms:** Social media users often suggested that hospitals had lost their protected status due to alleged military use, reflecting partial legal understanding of the precise nature of this protected status and undermining IHL principles.
- **Appeals to accountability:** Public outrage frequently invoked what they saw as the obligations of international norms and institutions, highlighting expectations that global systems should prevent and respond to attacks.
- **Disillusionment with international systems:** Frustration and distrust towards humanitarian and international institutions were common, contributing to a cycle that weakens protective frameworks.
- **Polarisation and hate speech:** Online discussions sometimes included collective blame, dehumanising language and calls for violence, intensifying social fragmentation in conflict settings.

Understanding how social media shapes perceptions of hospital attacks is increasingly important for diplomats, militaries, and humanitarian organisations seeking to strengthen protection measures, uphold IHL, and mitigate the harmful effects of explosive weapons on civilians.

## Key recommendations

### **For the international community promoting the protection of the humanitarian space:**

- Expand social media monitoring beyond brand mentions to track how the principles of humanitarian protection are being undermined.
- Integrate insights from social media into protection and communication strategies to strengthen knowledge and the endorsement of humanitarian principles.
- Adapt communications on humanitarian protection to align with the relevant social media ecosystems, using accessible language and formats to speak about abstract concepts.
- Insert value-based communications into the digital space based on an informed understanding of the relevant ecosystem functions.
- Strengthen collaboration with credible local partners and independent media to publicly challenge narratives that weaken the protection of hospitals during conflict.

### **For state militaries developing training on IHL and the use of explosive weapons in populated areas:**

- Reinforce training on the protected status of hospitals under IHL.
- Train soldiers and officers to recognise and understand the framing and interpretation of protection principles encountered on social media.
- Include in personnel training programmes discussions on both the legal status of hospitals and the practical challenges posed by narratives circulating online in order to enhance comprehension of humanitarian principles and obligations and compliance with them in operational contexts.

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# Introduction

Explosive weapons are increasingly being used in today's conflicts, causing profound harm to civilians and civilian structures like hospitals and their staff. Insecurity Insight has recorded 3,075 incidents where health facilities, including clinics, health centres, hospitals, and pharmacies, were damaged or destroyed by explosive weapons in 33 countries between 1 January 2016 and 4 November 2025. When health facilities are hit, the provision of life-saving care becomes far more difficult: the quality and scope of available services decline, and many specialised treatments become unavailable, while patients become reluctant to seek care at health facilities.

Following an attack or fearing that air strikes could occur, health workers are forced to operate under extremely challenging conditions, where stress and trauma can reach levels that reduce their ability to look after themselves in ways that allow them to focus on patients' needs. Injured and sick people, and mothers seeking prenatal or birth support, lose trust that the health system is a safe place, and visiting a hospital can become associated with deep fear of exposure to further explosive weapons attacks. Over time, the deterioration of public health services contributes to increasing numbers of preventable deaths, increasing excess mortality in conflict settings well beyond the fatalities caused directly by violence.

The **Political Declaration** on the Use of Explosive Weapons in Populated Areas (Political Declaration), which has been signed by **88 states** since its adoption in November 2022, aims to reduce the harm caused by explosive weapons during conflict. To implement it, states have committed to strengthening their armed forces' training on IHL, including guidance on the lawful use of explosive weapons and the obligation to support survivors of attacks.

IHL also includes rules on the protection of hospitals during armed conflict. Hospitals benefit from special protection under IHL and must never be targeted. They can lose this special protection only if they are used by a conflict party to commit acts harmful to the enemy, which broadly means active participation in hostilities, including through hiding weapons or fighters. In such cases, the armed forces considering an attack on a hospital being used in this way must first issue a warning that these acts should cease. If the harmful acts continue, any attack must still take constant care to protect the hospital's civilian functions and must comply with the principles of precautions and proportionality.

The humanitarian space is the conceptual and practical environment that allows aid agencies to alleviate suffering through the provision of humanitarian aid. It allows aid agencies to operate safely, independently and according to internationally accepted principles. The ability to access populations in need, deliver assistance without interference, and protect those affected by crises is increasingly under threat when aid and health workers are targeted, access is restricted, and relief instrumentalised.

Social media plays an increasingly significant role in today's conflicts, including through the dissemination of harmful information that can shrink the humanitarian space. Conflict parties and their supporters use these platforms to promote their own – often highly partisan – narratives. Affected communities use social media to bear witness to the harm they experience, document violations and call for assistance. At the same time, the general public is increasingly concerned about the spread of disinformation, including the use of AI to generate or amplify misleading or fabricated content that undermines the trust of and natural empathy with affected communities. In addition, social media is also used to attack and undermine the consensus on the neutral and independent role and status of aid, thereby contributing to the undermining of the humanitarian space.

Understanding how social media influences the extent to which hospitals are protected during conflict is a concrete example of how the humanitarian space can come under attack on social media. Understanding how this occurs via social media platforms is increasingly relevant for aid agencies, diplomats and militaries seeking to address the consequences of violence for civilian communities by implementing the provisions of the Political Declaration, which is designed to protect civilian infrastructure, including hospitals, from the damage and harm caused by the use of explosive weapons.

This report examines how cases of attacks on hospitals in one territory and three countries were discussed on social media, in order to explore how information circulating on these platforms influences the protection of health care from the harmful effects of explosive weapons use. Drawing on examples from attacks on hospitals in Gaza, Myanmar, Sudan, and Ukraine between 31 October 2024 and 29 October 2025, the report reviews social media posts that referred to these incidents and analyses how social media users responded in the comments. These examples include three cases of aircraft-delivered air strikes carried out by state forces, and one case of a non-state armed group using ground-launched shelling against a hospital. All four cases have in common the fact that violence against these hospitals was delivered from a distance and subsequently discussed by social media users. In Sudan, the hospital shelling on 3 and 7 October 2025 was followed some 21 days later by a ground invasion of the hospital in which 460 patients and their companions were killed, and the analysis includes comments that were posted after this ground invasion.

The focus of the report is to understand the types of online discussions that contribute to harmful narratives that undermine the fundamental principle that hospitals must be protected during conflict, and how social media contributes to reducing the international community's ability to support protection efforts and assist affected populations during conflict.

The report further examines the mechanisms and processes with which social media spreads harmful content, in order to support the development of adequate responses.

# Case studies and methods

The study examined cases of hospital bombings in four different contexts – Gaza, Myanmar, Sudan, and Ukraine – that occurred between 31 October 2024 and 29 October 2025. See the Annex for details. The examples include attacks in the following locations:

- Gaza, 31 October 2024, when the third floor of Kamal Adwan Hospital in Beit Lahia, North Gaza governorate, was struck by an Israeli air strike, igniting a fire that destroyed medical supplies delivered five days earlier by the World Health Organisation (WHO).
- Sudan, 3 and 7 October 2025, when Rapid Support Forces (RSF) raids and shelling of a ward of the last functioning maternity hospital in El Fasher, North Darfur, killed at least 13 people, including children, which was followed by a ground invasion of the hospital 21 days later that killed 460 people.
- Ukraine, 29 October 2025, when a children’s clinical hospital in Kherson city came under artillery fire from Russian armed forces in the early morning while patients, caregivers, and health care personnel were present in the facility, injuring at least nine people, including four children and three health workers.
- Myanmar, mid-June to mid-August 2025, when air strikes occurred on National Unity Government (NUG)-affiliated hospitals in Sagaing region (two reported incidents, one in which a child was killed), Shan state and Kayin state (two reported incidents in which hospitals were damaged) .

Information about the attacks on hospitals was shared by social media users across several public platforms, including Instagram, Facebook and X. The incident in Gaza appeared on Instagram through edited media, institutional accounts and individual users. The attacks on Saudi Maternity Hospital in Sudan on 3 and 7 October 2025 were referenced in a statement by the WHO director-general that was posted, reposted, and widely shared by individual users on X and Facebook. The incident in Ukraine was reported on X and Instagram by Ukrainian president Volodymyr Zelenskyy and by a charitable platform linked to the Ukrainian government. The incidents in Myanmar were initially shared by edited media accounts on Facebook. These different source categories shaped audience reactions in distinct ways, and the resulting comment environments varied accordingly in tone, polarity, and levels of mobilisation. It is important to note that these are not the only sources that reported on the events; rather, they represent the content with the highest levels of engagement that was available for systematic analysis.

In all four cases, the analysis focused on the comments and public discussions responding to original posts rather than on the posts themselves. Original posts generally present facts or opinions about an event, whereas the comments that follow reveal social media users’ interpretations and emotional reactions. While such comments are not representative of public opinion, they offer insight into wider sentiment that can emerge following influencer activity on social media. Content was identified through a proprietary AI platform using structured queries, filtered for relevance to the aid and health sectors, and manually classified for sentiment at the comment level.

The analysis is based exclusively on open-source, publicly available social media content on mainstream social media platforms. The findings reflect engagement with visible, high-reach content rather than the full online information environment. The data is therefore not representative of all online discourse, particularly because discussions on closed or encrypted platforms are excluded.

Social media users who comment typically remain anonymous, and there is no reliable information about their location.

Examining these public conversations is essential for understanding how online narratives interpret incidents and how these interpretations influence the many passive social media users who consume such content. Their perceptions of the world are often shaped by the active exchanges and views of others.

The report provides recommendations for the international community seeking to ensure that hospitals are protected during conflict and militaries wishing to ensure respect for IHL to protect civilians from the harmful use of explosive weapons in populated areas.

# Analysis of social media comments in response to hospital attacks

*“What kind of creature would destroy hospitals, kindergartens, schools? 🧨😭”*<sup>1</sup> asked one shocked social media user, while another doubted that the affected hospital had actually been a functioning hospital: *“New fake? This hospital was empty since 2023”*.<sup>2</sup> These opposed perspectives are one of the common features of the social media discussion on air strikes on and the shelling of hospitals.

Across platforms, a large proportion of comments reflect emotional distress, grief, and sympathy for civilian and health worker victims. These responses are primarily humanitarian rather than political, with a strong focus on the suffering of children, patients and their families. Many users frame hospital attacks as emblematic of the broader human cost of war rather than as isolated military incidents.

Beyond expressions of solidarity, the analysis shows that social media is also a space where the legal and moral status of hospitals during conflict is actively contested. While many users demand accountability and invoke international protection norms, others introduce narratives that question the civilian character of health facilities or reinterpret attacks as militarily justified. These competing framings demonstrate how social media does not merely reflect reactions to violence, but actively shapes public understanding of what is considered legitimate or illegitimate in war.

In addition, some commentators responded to hospital strikes by drawing direct parallels with other conflicts, particularly Gaza, using comparisons to situate new attacks within a wider global pattern of violence against civilians and health care. This cross-referencing reinforces a sense of cumulative injustice, but also contributes to the politicisation of humanitarian harm.

The report analyses not only the content of narratives that are harmful to the humanitarian space, but also the mechanisms by which social media facilitates the spreading and engagement of narratives that undermine the protection of hospitals during conflict.

Three dominant narratives emerged as common among the four country/territory contexts that contribute to undermining the protection afforded to hospitals during conflict:

- Repeated statements questioning the protected status of hospitals gradually contribute to normalising attacks on health facilities. Such narratives often rely on vague suggestions that the care provided by these facilities was not legitimate medical support.
- Growing frustration with the international system’s inability to uphold its stated principles can manifest as emotional and hostile criticism directed at individual organisations. This often occurs even when these organisations are merely components of a wider institutional system, because concerned social media users search for entities perceived to have the responsibility to intervene effectively, or the mandate to do so.
- Entire population groups may also become the target of blame and hostility. This is particularly the case when shelling or air strike attacks on hospitals are attributed to states acting in the name of these groups, or when they are believed to support armed non-state actors with access to weapons.

The discussion that follows further illustrates how disinformation, misinformation, and hate speech coexist and reinforce one another to produce content that undermines protection norms.

The analysis cites selected quotes from social media to illustrate how these connections are made. The quotes have not been edited, in order to illustrate the tone and language used in online conversations, but they have been translated into English when they were originally made in other languages. Footnotes are used to indicate the original language in which the comments were made.

## Posts sharing reports on attacks on hospitals generally not considered to be disinformation

The original information about the use of explosive weapons against hospitals was always first shared by posts. Social media users who actively engaged with these posts by sharing or commenting generally did not question whether the incidents had occurred, indicating that they did not expect disinformation to be present in the original posts.

This finding stands in contrast to many public perceptions of how social media contributes to harmful information. Growing awareness of the risks associated with social media and particularly the increasing ability of AI to generate convincing but fabricated images has contributed to a broader public scepticism about whether information shared online via social media platforms can be trusted. Among audiences unfamiliar with a specific conflict, this can extend to doubts about whether an attack occurred as reported.

However, in the material examined for this study, users who actively participated in conversations about hospital attacks generally *did not express concerns that the events were fabricated or that the posts constituted “fake news”*. Their engagement focused on interpreting the event rather than questioning the basic fact of an attack. It is also possible that some social media users did not trust the content, but chose not to express their doubts publicly.

### Gaza:

- Across the full set of Instagram comments analysed, none denied that the bombing of Kamal Adwan Hospital occurred.
- All references treated the strike as real and consequential.

### Sudan:

- None of the comments analysed on Facebook denied that the attacks took place or challenged the factual basis of the WHO statement.
- Many users referenced real investigative reporting and international documentation, including UN and human rights organisation material.

## Myanmar:

- Most users on Facebook did not dispute that bombings had taken place.
- Some comments questioned the precision of reporting or the authenticity of specific details, but this scepticism focused on verification and rising standards for reliable and trustworthy information rather than claiming that the incident was fabricated:

**“If you post about Kalay, specify which ward or village – if it’s true news, be precise. Any photo can be uploaded, but accuracy matters.”<sup>3</sup>**

## Ukraine:

- In Ukraine, some social media users accused Ukrainian authorities of staging the reported attack themselves and often focused on flipping blame between sides.
- Other users questioned whether the facility was functioning as a hospital or whether the attack had been deliberate. Such arguments can be read as denying that an attack occurred. On closer examination, however, they illustrate the erosion of fundamental protection principles for functioning health facilities and the responsibility to clearly distinguish between civilian services and military activities, which will be discussed later.

**“So when Zelensky shoots Russians, killing both adults and children, it’s okay, but when Russia shoots, it’s bad. Why is Ukraine’s policy and Zelensky so terrible?”<sup>4</sup>**

In the examined case studies, concerns about social media do not centre on platforms being used to disseminate information about invented attacks that never happened. Instead, the main concern is that real events are selectively framed or interpreted in ways that undermine the protection of hospitals in conflict. This is a more subtle and more difficult to identify, but a profoundly influential process.

The main information risk therefore lies not in fabrication or disinformation, but in the *transformation of ongoing investigations and complex causal chains into absolute and definitive claims*.

## Comments under posts undermining the protected status of hospitals during conflict

Some social media users questioned whether a hospital was intentionally targeted. Others disputed or cast doubt on whether it was a functioning civilian medical facility, while some claimed it was being used to shield fighters. Such interpretations implicitly question whether IHL was respected.

## Denial of targeted attacks on functional hospitals

Under IHL, hospitals must never be targeted. As related to the examples here, armed forces should not intentionally use explosive weapons against hospitals. Armed conflict inevitably causes damage and harm. Collateral or unintended effects are tragic, but they are not considered a violation of the rules of war as such unless they are excessive in comparison to the direct and concretely anticipated military advantage gained by an attack.

In the case studies examined, several social media users demonstrated awareness of the IHL requirement not to target hospitals. In their comments on reported attacks, they then advanced suggestions that the attacks could not have been deliberately targeted, thereby introducing reasoning that suggests that the attack should not be condemned.

**Questioning whether the hospital could have been a target:** A common argument against accusations of an intentional targeted attack against hospitals is presented by general statements that draw on shared interpretative frameworks among social media users to reinforce narratives of the power and competence of particular conflict parties, which are then used as evidence that the reported attacks could not have been deliberate.

### Ukraine:

**“Don’t believe the propaganda of these Nazis ... If the hospital had been targeted, there would be nothing left, not just a burnt window ...”<sup>5</sup>**

**Questioning that it was a functional hospital:** Hospitals and health posts remain protected during conflict as long as they provide medical care. An empty building that once was a hospital would not have the same enhanced level of protection as a functioning medical facility, but this fact does not remove its right to the protection provided for civilian buildings. Social media users regularly questioned whether the damaged site was a “real” hospital, or whether the health facility was truly functioning at the time of an attack, thereby casting doubt on its protected status.

These allegations were also made in a wide range of languages, highlighting how the processes of questioning the protected status of hospitals may come from social media users without any direct on-the-ground knowledge of the incidents in question. In other instances, it can also be difficult to know to what extent such questions are based on deliberate questioning of hospitals’ protected status or a lack of knowledge of the way in which health care is often provided in conflict.

### Ukraine:

**“Was there really a hospital there?”<sup>6</sup>**

**“New fake? This hospital was empty since 2023.”<sup>7</sup>**

## Myanmar:

In Myanmar, where health care in opposition-held areas is often provided in makeshift structures, social media users questioned whether the damaged structure could legitimately be regarded as a hospital, thereby casting doubt on the fact that a functioning medical facility had been hit. In response to the images that appear below, one user commented:

“Is this a hospital? 🤔🤔🤔”<sup>8</sup>



**Questioning the civilian status of hospitals:** Under IHL, all hospitals have special enhanced protection during conflict, whether they serve civilian patients or treat wounded combatants (because wounded fighters no longer participating in hostilities are entitled to protection). On social media, there are frequent claims that the hospitals that were attacked were being used by soldiers or other armed actors.

## Myanmar:

- Numerous comments portrayed hospitals as rebel bases, cited their co-location with the presence of armed groups, or implied that informants from among the local community had provided information to the military that allowed the hospitals to be so accurately targeted, and in doing so shifted blame away from attackers and undermined the perception of hospitals as protected civilian spaces.
- While some comments emphasised that children and patients were innocent victims, others argued that civilians who emotionally supported opposition groups shared responsibility for the attacks.
- These exchanges reflect a growing pattern of lay interpretations of IHL, expressed in non-technical language, that question the protected status of health care structures and personnel when alleged links exist between medical care providers and a party to the conflict, including political movements. In this framing, the fundamental principle of IHL – that all medical care is entitled to special protection regardless of affiliation – is replaced by the belief that any form of perceived political alignment results in the loss of such protection.

**“NUG even forces underaged children into the revolution. There are no civilians in their hospitals.”<sup>9</sup>**

**“It must be a place where the rebels live.”<sup>10</sup>**

**“When armed thugs give medical care – is it a public hospital or a terrorist clinic? Everyone knows the places they operate from will be bombed eventually. Don’t label it as a public hospital when it’s their base.”<sup>11</sup>**

**Loss of protection for functional hospitals:** Functional hospitals can lose their protected status under IHL if acts harmful to one of the conflict parties occur in the facility. This includes so-called “shielding”, where soldiers hide in health facilities to avoid attack or store weapons in these structures. These are nuanced aspects of IHL, and several social media users appeared to be familiar with them, as evidenced by comments alleging these specific violations. These comments were often made in English, suggesting that the information does not come from communities close to the incidents, but is posted by individuals informed about facts that matter from a legal point of view and who introduce them into the discussions.

## Ukraine:

A recurrent and particularly serious narrative in the comments sought to reframe the children's hospital as a legitimate military objective rather than a protected civilian medical facility. These comments advanced the argument that hospitals are allegedly being used to conceal military personnel or weapons, and therefore should no longer be regarded as civilian objects under IHL. Such narratives are not supported by independent evidence in the available reporting, yet their circulation risks normalising attacks on health care infrastructure and weakening civilian protections in conflict settings.

**“Cut the crap, we know how NATO uses civilian infrastructure to hide their personnel and weapons.”<sup>14</sup>**

**“Tell Ukrainian fascists to stop using hospitals as cover. Easy.”<sup>15</sup>**

**“Happens sometimes. I'm sure the Ukraine Nazis hide there behind Civilians. Wouldn't believe it was Russia. Ukraine 99% doing it to their own People. Same like Israhell.”<sup>16</sup>**

**Use of warnings to justify attacks:** When soldiers misuse a health facility to hide themselves or store weapons, and the opposing party considers an attack, IHL requires that a warning first be issued. This warning must give those responsible for the harmful acts an opportunity to remove themselves and their weapons from the facility. If the harmful acts continue after a reasonable time limit, an attack may be considered lawful – but even then, the attacking party must take all feasible precautions to preserve the hospital's civilian functions and ensure that any action remains proportional.

## Gaza:

Some comments introduced a framing that weakens this protection by treating the issuance of a warning or evacuation order as a form of legal justification for military action, while contextualising the area as a legitimate conflict zone.

**“Northern Gaza was declared a closed zone. Inhabitants were told to evacuate. This is war. At least they were warned. Israelis don't get warnings, in Sudan or Congo or anywhere else no warning and time to evacuate is given.”<sup>12</sup>**

**“Siege is a legitimate military tactic if civilians are warned and given time to leave ...”<sup>13</sup>**

However, under IHL, **the issuance of a warning does not in itself remove a health care facility's protected status.** A hospital only loses its protection if acts harmful to the enemy continue after a warning is given and after sufficient time has been given to comply with it. Warnings are therefore a strict legal precondition for any potential loss of protection – not a general licence to attack.

The way some warnings are discussed on social media often implied that military action becomes automatically justified once a warning is issued, thereby eroding the absolute nature of hospital protection under IHL and weakening public understanding of these core legal safeguards.

In summary, many social media users employed the comment sections beneath posts about strikes on hospitals to introduce doubts about the criteria that would classify such incidents as war crimes. Some commenters appeared to be familiar with factors relevant to such assessments, but they expressed these points in informal, non-legal language typical of social media. As a result, these doubts about the protected status of hospitals become embedded within dominant online narratives, contributing to an overall undermining of the accepted protected status of hospitals during conflict.

## Social media users calling for respect for IHL

Many social media users articulated a firm belief in and expectation of the international principles that safeguard hospitals during conflict. These narratives ran parallel to those that challenged this protected status. Such comments illustrate the extent to which these norms have entered public belief systems of some social media users and how social media serves as a space for demanding their application and accountability.

### Gaza

Many users explicitly framed attacks on hospitals as a violation of international humanitarian norms, using statements such as:

**"#Hospitals\_are\_not\_targets."<sup>17</sup>**

**"Hospitals and doctors are protected under international humanitarian law. 🚨 war crime 🚨 Article 18 of the Geneva Convention stipulates that buildings designed as civilian hospitals cannot be targeted. 🚨 war crime 🚨 SOS SOS SOS SOS SOS SOS SOS"<sup>18</sup>**

**"The medical workers are heroes, I hope they are safe along with the patients."<sup>19</sup>**

### Sudan:

Social media comments frequently invoked international humanitarian norms through large-scale, coordinated hashtag campaigns repeated across hundreds of posts and in multiple languages. Other comments called for awareness and for international organisations to take action. The Saudi Maternity Hospital attack was framed not as a standalone violation of the protection of medical facilities, but as part of a broader narrative of alleged genocide and systematic violence against civilians. This framing shifts the focus away from the conduct of hostilities and the special protection of hospitals towards denunciations of mass atrocity crimes and perceived failures of the international community to respond.

**“RSF [Rapid Support Forces] is a terrorist organisation. Stop genocide in Sudan.”<sup>20</sup>**

**“Where is the criminal court? Where is the international community? Thousands are dying every second.”<sup>21</sup>**

**“And the hashtag in all languages #UAE\_is\_exterminating\_the\_Sudanese\_people #Les\_EAU\_exterminent\_le\_peuple\_soudanais #Die\_VAE\_vernichten\_das\_sudanesische\_Volk #BAE\_Sudan\_halkını\_yok\_ediyor #Los\_EAU\_exterminan\_al\_pueblo\_sudanés #Gli\_EAU\_stanno\_sterminando\_il\_popolo\_sudanese#ОАЭ\_уничтожают\_народ\_Судан.**

## Ukraine:

Many comments framed the strikes on hospitals as violations of IHL and called for accountability through international legal mechanisms, while others appealed to political, humanitarian, or military actors for immediate protection. References to the International Criminal Court and to concepts such as “war crimes” and “crimes against humanity” reflected expectations of retrospective legal investigations and prosecutions. In parallel, appeals directed at the UN, UNICEF, and Amnesty International indicated expectations of humanitarian monitoring and support, as well as moral authority and pressure on parties to the conflict. By contrast, references to NATO, the EU, and national political leaders reflected expectations of deterrence, security guarantees, and direct intervention or military assistance.

**“Crime against humanity. Someone needs to keep track of these, every single one.”<sup>22</sup>**

**“Care to comment @POTUS @UN @antonioguterres @amnesty #RussianWarCrimes #RussialsATerroristState<sup>23</sup>”**

**“@unicef”<sup>24</sup>**

**“@internationalcriminalcourt Crimes against humanity! @unitednations You’re complicit for your inaction!”<sup>25</sup>**

## Myanmar:

No comments made explicit reference to IHL or legal protection frameworks. However, several users clearly stated that attacking civilians was not acceptable and expressed moral condemnation of such violence. These reactions framed the issue in ethical rather than legal terms.

**“Armed groups scatter in the hills, but civilians suffer most. It’s frustrating. Only the armed should be targeted.”<sup>26</sup>**

**“Just condemnation will come.”<sup>27</sup>**

These examples show how social media promotes belief in these systems while simultaneously helping to undermining them.

## Social media users' expectations of the international community and aid agencies

Social media users who advocate for respect for international norms often express hope and trust that the international community can enforce these rights and remedy violations. However, when international systems fail to meet these expectations, this can lead to deep disappointment and disillusionment, sometimes even resulting in the outright rejection of international structures. These narratives of disappointment become harmful to the reputation of international systems.

### Gaza:

A distinct subset of comments directly addressed international organisations, such as the WHO, the International Committee of the Red Cross, and international NGOs, including Médecins Sans Frontières. These comments combined urgent appeals for intervention; accusations of institutional inaction; and, in some cases, hostile or conspiratorial rhetoric. These organisations were simultaneously treated as expected protectors, logistical providers and political actors with the capacity to intervene directly. Several comments framed the situation as one of prolonged siege and humanitarian collapse, while others openly expressed distrust toward the neutrality or independence of these institutions. Overall, this subset reflects both reliance on and disillusionment with the international humanitarian system.

**“Where are you @who ??? So you still cannot intervene?? This is so critical for them...they need to survive this! Oh forgot, you’re the puppet for Israhell.”<sup>28</sup>**

**@who MAKE YOUR EFFORTS COUNT! TAKE ACTION AND GIVE THEM SUPPLIES! @cij\_icj @internationalcriminalcourt USE YOUR EXISTENCE! TAKE ACTIONS NOW NOT WORDS! WHAT DO YOU SERVE? @unitednations SEND PEACEKEEPERS NOW AND DEMAND THE END OF SLAUGHTER! ARMS EMBARGO FROM ALL EUROPEAN COUNTRIES NOW.”<sup>29</sup>**

**“Hope the world humanitarian organisations can help this brave doctor whose young son was shot and murdered by Is’r’ HELL sniper. (That’s if the Z-t-ror-rists allow the aid and personnel through (don’t give us any of that ‘Self defence nonsense’).”<sup>30</sup>**

**“@icrc @who @unitednations where are you????!!!! The situation is catastrophic!! A hospital under siege for a whole month!!!! And not a single organisation doing anything to help?!”<sup>31</sup>**

## Sudan:

- A strong pattern across the comments was distrust toward the WHO and the international system. Several social media users described these institutions as ineffective or compromised, portraying them as unable to move beyond verbal condemnation. Expressions of “shock” and “concern” in the WHO statement were widely perceived as inadequate. For many commenters, such language was interpreted as symbolic rather than protective, reinforcing the belief that international condemnation does not translate into meaningful action on the ground. This distrust sometimes shifted from institutional critique to personal attacks on the WHO director-general.
- Overall, the comments reflected a perception that international organisations lack the power or will to protect civilians.

**“Who killed them? Who besieged them? Who starved them? Who financed and handed over the killer? It was the Janjaweed, the Rapid Support Militia and the United Arab Emirates [UAE]. But you are cowards ... You claim to be humanitarian, yet you are far from it ... You shed crocodile tears over the victims ... Damn you and your false humanity.”<sup>32</sup>**

**“Most of you say who killed them ... You yourselves participated with the Rapid Support Forces with your silence and the aid that goes to the militia and does not reach the civilians who need it ... We trust in God and He is the best of guardians.”<sup>33</sup>**

**«You’re the biggest crime organisation we all know that.”<sup>34</sup>**

**“You Western organisations are working behind the scenes to prolong the war and are spies.”<sup>35</sup>**

**“We don’t need your condolences. There are UN resolutions to lift the siege of El Fasher. If they had been implemented, the massacres and violations against the people of El Fasher and Gaza would not have happened. For us, the need for UN human rights organisations and the Security Council is over. They have all failed.”<sup>36</sup>**

## Myanmar:

At times, social media users questioned the effectiveness of international organisations such as the UN, portraying them as being limited to “expressing concern” without taking action. Others argued that sending reports and statements abroad achieves little, treating outreach as an exercise with no real consequences on the ground. These criticisms mirrored wider debates in the aid sector over the limited visibility and impact of international interventions, and the perceived failure to effectively uphold the rules of war.

**“If we keep sending [reports] like this, what can the international community really do, what have they done for us? It’s almost five years now – what exactly has the international community done to protect us? So many civilians and children have died, and the most important thing should have been to prevent this from happening and to safeguard them. But just shedding tears like this doesn’t seem to have achieved very much.”<sup>37</sup>**

**“Where are the human rights organisations?”<sup>38</sup>**

When met with disappointment, high expectations often lead to aggressive criticism and verbal attacks against the international community and the aid system. This undermines the credibility and effectiveness of these institutions, creating a vicious cycle in which disappointment weakens the very structures designed to uphold the protective international order. Social media contributes to this erosion of the humanitarian space not only through the spread of viral allegations, but also by amplifying widespread frustration and disillusionment.

## **How social media creates distrust and promotes hate speech**

Some social media users respond to posts on attacks on hospitals by displaying outright hatred towards particular states and groups of people they associate with these states, thereby deepening social schisms. Some collective interpretations of blame even go beyond a single conflict and such views are rarely ever challenged. In Sudan, many social media users expressed hatred towards the UAE, which is known to support the RSF, while in Ukraine, most users blamed Russia collectively, rather than political or military leaders. In Myanmar, suspicion was also turned inward, while accusations against Israel were not limited to comments on hospitals in Gaza, but appeared in other contexts, highlighting how prejudice and broader narratives are the basis of many hate-filled comments.

### **Sudan:**

- Comments contained a notable amount of hostile language directed primarily at the UAE. This included broad insults, blanket accusations of inherent criminality, and repeated invocations of divine punishment.
- Hostile language directed at the RSF was widespread, but was aimed at an armed group accused of committing violence. While extremely inflammatory, this does not constitute hate speech in the same legal or analytical sense as attacks on a national population.

**“May God not grant peace to the Emirates.”<sup>39</sup>**

**“The UAE is the supply artery for the militia through an air bridge of drones, cannons, and ammunition • It hides its flights and shipments under the guise of ‘humanitarian aid’ and ‘Red Crescent’ to deceive the United Nations.”<sup>40</sup>**

## Ukraine:

- There was also widespread use of collective blame language against Russians as a people, rather than against specific military or political actors.
- This form of language constitutes hate speech because it targets a national group as inherently immoral or subhuman.

**“Russians lack human decency. A soulless people.”<sup>41</sup>**

## Myanmar:

- Some comments suggested that the air strikes were too precise to be random and attributed them to alleged internal “leaks”. Such claims risk fostering suspicion and mistrust in local communities and among health workers, with potential consequences for trust in and the safe delivery of medical services in conflict-affected areas. The origin of these claims and the communities from which they are being disseminated remain unclear.

**“There might be informants, that’s why they’re being hit so precisely.”<sup>44</sup>**

- Myanmar provides an example of how hate speech can evolve into an internal and deeply destructive dynamic, in which trust collapses and hostility is directed inward across communities. This contrasts with conflicts where hate speech centres on a clearly defined external group that is collectively blamed.
- Some comments shifted from political positioning into overtly dehumanising language and calls that normalised or encouraged further violence. These statements appeared to originate from different sides of the conflict and rejected empathy for victims.

**“We’ve waited long for this. No time left for pity.”<sup>42</sup>**

**“Dog bastards.”<sup>43</sup>**

## Gaza:

A subset of comments contained explicit expressions of hostility, dehumanisation or calls for harm directed at Israelis as a collective group. This type of language goes beyond political criticism and instead invokes violence, punishment or physical destruction. The targets of these statements are not specific individuals or institutions, but entire groups, which places this content within the category of hate or violence-oriented speech. This discourse is recurrent and distinct in tone from the dominant humanitarian, religious, and legal framing observed in the majority of comments.

**“May God burn them in this world before the next.”<sup>46</sup>**

**“Take Israel apart.”<sup>47</sup>**

Hate speech towards Israel was not limited to comments under posts about the hospital attack in Gaza, but was also made in relation to events in Ukraine, highlighting the extent to which such comments were pure hate speech and removed from any factual observations.

**“Happens sometimes. I’m sure the Ukraine Nazis hide there behind Civilians. Wouldn’t believe it was Russia. Ukraine 99% doing it to their own People. Same like Israhell.”<sup>45</sup>**

Hate speech directed at communities that social media users connect with military actors responsible for the use of explosive weapons against hospitals is common and contributes to further harm, hurt, and hatred.

# Conclusion

Social media now plays a central role in shaping how conflict events are interpreted by an ever-expanding global audience. The rapid circulation of images, personal testimonies, and real-time updates can generate strong emotional responses and mobilise public opinion faster than traditional media or institutional reporting channels. The ability to comment on published information in particular creates opportunities for a wide range of actors to shape the framing and interpretation of and influence the narratives that passive social media users absorb. As narratives spread and gain traction, social media influences how harm to civilians is framed and understood, and can amplify perceptions of responsibility or failure among international organisations and state actors. Critical or accusatory narratives may intensify polarisation and lead to simplified or distorted understandings of complex dynamics, many of which contribute to undermining the humanitarian space.

Importantly, the public nature of these discussions means that parties to conflict are likely to be influenced by such discourse in some way. As a result, social media may indirectly shape public-facing actions, and possibly even the conduct of military operations, as actors seek to manage reputational risks, validate strategic choices, or demonstrate compliance with international norms.

Examination of social media conversations around air strikes on and the shelling of hospitals revealed a widening gap between public expectations of international protection and growing disillusionment with the international system's ability to deliver it. Appeals to the UN, humanitarian agencies, and international courts coexist with deep distrust and, in some cases, open hostility toward these actors. Together with this, the frequent emergence of hate speech and collective blame underscores how attacks on hospitals not only destroy physical infrastructure, but also further erode social cohesion and inflame polarisation among and across conflict-affected communities.

Moreover, the discussions on social media following the examined attacks on hospitals illustrate how the questioning of hospitals' protected status has become a common practice that profoundly undermines the clear provisions under IHL that hospitals need to be protected during conflict.

**The analysis therefore concluded that on social media, three areas of harmful narratives are closely linked to the discussion of explosive weapons use against hospitals:**

- The normalisation of attacks on hospitals emerges through repeated questioning of their protected status.
- Frustration with the international system turns into hostile criticism of individual organisations.
- Blame is directed collectively at entire population groups associated with parties carrying out or supporting such attacks.

In examining the process through which social media contributes to the shrinking of the humanitarian space, the analysis identified the following:

- Hospital attacks were generally not subject to systematic disinformation that denied that strikes on hospitals had occurred. Across the examined contexts, users largely accepted the basic fact of an attack and did not question whether a hospital had been hit. Social media was not found to be the source of fabricated incidents or embellished stories of harm.
- Harmful narratives around attacks on hospitals emerged through interpretation rather than denial. Social media users actively embedded confirmed attacks into broader political and ideological narratives, thereby shaping public understanding in ways that influence attitudes toward accountability, protection norms, and legitimate targets in war.
- In several cases, particularly involving air strikes delivered by state forces, users argued or implied that hospitals had lost their protected status under IHL due to their alleged military use. These short, often speculative comments demonstrate both partial legal awareness and the power of social media to subtly erode commitment to the protection of medical facilities.
- Public expressions of grief and outrage frequently invoked international norms and responsibility, with many users appealing to the UN, international courts, and humanitarian organisations. This reflects a strong expectation that global legal and humanitarian systems should enforce accountability and protection.
- At the same time, the case studies showed frustration and growing disillusionment with the international system's perceived inability to prevent attacks on hospitals. Sentiment ranged from disappointment and despair to open distrust and hostility toward international institutions and aid actors.
- Discussions following hospital bombings regularly contained hate speech and collective blame directed at national, ethnic, or political groups associated with states that conducted such strikes or provided to non-state actors the weaponry used in attacks. This language extended beyond political criticism into dehumanisation and calls for violence, reinforcing prejudice, intensifying polarisation, and deepening social fragmentation in already highly polarised conflict environments.

Overall, the analysis indicated that the impact of social media on eroding protection norms in conflict is insufficiently understood and should be integrated more systematically into efforts to safeguard the humanitarian space.

# Recommendations

## **For the international community promoting the protection of the humanitarian space**

- Expand social media monitoring beyond brand mentions to track how the principles of humanitarian protection are being undermined.
- Integrate insights from social media into protection and communication strategies to strengthen knowledge and the endorsement of humanitarian principles.
- Adapt communications on humanitarian protection to align with social media culture, using accessible language and formats to speak about abstract concepts.
- Insert value-based communication into the digital space based on an informed understanding of the relevant social media ecosystem functions.
- Strengthen collaboration with credible local partners and independent media to publicly challenge narratives that weaken the protection of hospitals during conflict.

## **For state militaries developing training on IHL and the use of explosive weapons in populated areas:**

- Reinforce training on the protected status of hospitals under IHL.
- Train soldiers and officers to recognise and understand the framing and interpretation of protection principles encountered on social media.
- Include discussions on both the legal status of hospitals and the practical challenges posed by narratives circulating online in order to enhance personnel's comprehension and compliance in operational contexts.

# Annex: Case studies

## Instagram reactions to the Kamal Adwan Hospital bombing (North Gaza, 31 October 2024)

On 31 October 2024, the third floor of Kamal Adwan Hospital in Beit Lahia, North Gaza governorate, was struck by an Israeli air strike, igniting a fire that destroyed medical supplies delivered five days earlier by the World Health Organisation (WHO). The hospital's desalination station for the haemodialysis department was damaged, putting the department out of service. The engineering and maintenance section and water tanks were also hit. The hospital's director reported that four health workers were injured while attempting to extinguish the fire manually due to lack of resources.

This incident represents the twenty-second Israeli air strike on Kamal Adwan Hospital since 7 October 2023 and is part of a broader pattern of 196 documented Israeli air strikes on health facilities across Gaza since that date.

Social media sentiment analysis focuses on the comments shared by social media users in response to individual posts, whether from edited media platforms, institutional pages or individual social media users. Between 30 October and 2 November 2024, the Kamal Adwan Hospital was widely discussed on social media. The analysis here is limited to the qualitative assessment of comments under high-engagement media, civil society and individual social media user posts. These views are not representative, but highly influential, with the posts reaching approximately 550,000 users.

## Facebook reactions to the Saudi Maternity Hospital attack (El Fasher, North Darfur, October 2025)

On 3 and 7 October 2025, the Saudi Maternity Hospital, North Darfur, was hit twice by artillery during clashes linked to the ongoing armed conflict in Sudan. The 7 October shelling of the maternity ward killed at least 13 people, including children, and injured at least 16 others, including a female doctor and a nurse. The hospital and its equipment were severely damaged by the strike on what was the last functioning major medical facility in El Fasher.

These attacks were part of four attacks on the Saudi Maternity Hospital – the only partially functionally hospital in El Fasher in October 2025 – during a prolonged siege of the city.

On 26 October, the hospital was attacked by RSF ground forces, who killed a nurse, injured three health workers and forcibly took the Minister of Health away. Two days later, the facility was raided again by RSF ground forces, during which more than 460 patients and a nurse were killed. Six health workers, including four doctors, a nurse and pharmacist, were forcefully taken.

These attacks form part of a wider pattern of violence affecting health care in Sudan since the outbreak of the conflict in April 2023, with hospitals, clinics, medical transport and health workers repeatedly impacted, severely constraining access to life-saving services for civilian populations. A total of 88 attacks on hospitals and health facilities were recorded by Insecurity Insight in the Darfur region between April 2023 and October 2025, reflecting a wider trend of 219 documented attacks on health facilities across Sudan since the outbreak of fighting between the Sudan Armed Forces and RSF in April 2023, underscoring the sustained and widespread impact of hostilities on medical services.

The social media analysis focused primarily on the artillery attacks on 3 and 7 October 2025, which generated only 21 publicly identifiable social media posts, including eight from media outlets and 11 from individual users, most of whom reposted the WHO director-general's statement on X and Facebook. Engagement remained limited, with just eight comments recorded in total, which were dominated by personal attacks directed at the WHO director-general, conspiratorial accusations, and hostility towards the UN and perceived geopolitical actors. Several comments diverted the discussion to unrelated conflicts, particularly Gaza, while others focused on ideological or extremist rhetoric rather than accountability for the hospital strike itself. Only one comment clearly raised the issue of responsibility for the attack in a manner relevant to the issues of protection and accountability, underscoring how marginal substantive engagement with the violation of hospital protection norms was at this stage. This muted response contrasts sharply with the significantly wider reaction that followed the 26 October attack, and several of these comments have therefore also been included in the discussion.

The analysis included comments in reaction to a WHO Facebook post expressing shock and condemning the attack. The post also referenced the wider pattern of verified attacks on health care facilities across Sudan since the start of the conflict, and called for the immediate and unconditional protection of medical facilities, staff, and civilians. The analysed comments posted in response to the Facebook post expressed a combination of anger, mistrust of international institutions, moral outrage and demands for accountability.

## Reactions to the Kherson Children's Hospital shelling attack (Kherson, Ukraine, 29 October 2025)

In the early morning of 29 October 2025, a children's clinical hospital in Kherson city came under artillery fire from Russian armed forces that injured at least nine people, including four children and three health workers, while patients, caregivers, and health workers were present. According to the **Office of the United Nations High Commissioner for Human Rights**, the hospital was operational at the time of the shelling, and the incident forms part of a wider pattern of civilian harm documented across Ukraine in October 2025.

Since the full-scale Russian invasion of Ukraine on 24 February 2022, hospitals and other medical facilities across the country have been repeatedly affected by hostilities, with a total of **2,132 attacks** on Ukraine's health care system documented by Insecurity Insight since the initial invasion. The attack on Kherson Children's Hospital was the 1,111th incident in which health facilities, including clinics, hospitals and pharmacies, were damaged or destroyed by explosive weapons in Ukraine. Continued hostilities have persistently restricted access to medical treatment and eroded the protection of health services.

Analysis of two posts, one on X and another on Instagram, from the Ukrainian president, Volodymyr Zelenskyy, and a charitable platform linked to the Ukrainian government, and the resulting comments showed a highly polarised public response combining widespread humanitarian concern for civilian harm with significant levels of hate speech, disinformation, denial of the incident, and other narratives seeking to undermine the protected status of medical facilities.

## Reactions to hospital bombings in Myanmar (June-August 2025)

Between mid-June and mid-August 2025, several incidents of hospital bombings or damage were reported. The incidents affected NUG-affiliated hospitals in Kanbalu and Kale townships in Sagaing region, a hospital in Shan state, and hospitals in Kayin state. Myanmar Armed Forces (MAF) air strikes killed patients and their families, including children, and caused repeated structural damage to district hospitals.

### Kanbalu township (Sagaing region):

An NUG-affiliated hospital operated by Civil Disobedience Movement (CDM)-affiliated health workers was hit by MAF air strikes, killing five people, including a child, and causing extensive damage. Local authorities vowed to send records to international organisations and pursue legal accountability (29 July).

### Kale township (Sagaing region):

An NUG-affiliated station hospital operated by CDM-affiliated health workers was severely damaged by bombs dropped by an MAF aircraft (11 August).

### Ta'ang National Liberation Army-controlled areas (Shan state):

Eight structures, including a hospital, schools, homes, and religious sites, were destroyed and 56 people killed during MAF air strikes across Mogok, Naung Cho, Kyaukme, Hsipaw (where the hospital attack likely occurred), Kutkai, and related areas (between 14 June and 13 August).

### Kayin state:

Two hospitals were damaged by MAF air strikes in Kayin state.

All these attacks occurred within the context of the wider Myanmar conflict, which has been marked by systematic MAF air strikes on civilian infrastructure and recurring IHL violations against health care infrastructure and personnel. Multiple ethnic areas and opposition-controlled regions have faced repeated attacks on hospitals, clinics, schools, and religious sites, with **1,831 attacks** on health care in Myanmar recorded by Insecurity Insight in the period between the military coup on 1 February 2021 and 24 November 2025. These hospital attacks are part of a broader pattern of 189 instances in which health facilities were damaged or destroyed by MAF aircraft and drone strikes since the February 2021 coup.

These hospital attacks generated social media comments on Facebook in response to local edited media posts. The majority of comments expressed anger at the military authorities, and framed the bombings as war crimes or mourned civilian victims. A smaller but persistent share of users questioned the civilian status of hospitals, criticised armed opposition groups, spread rumours of informants telling the military of the precise location of hospitals, or mocked international reporting and accountability mechanisms.

## Endnotes

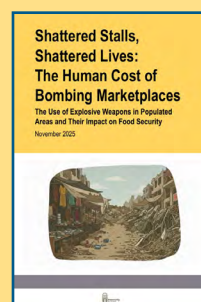
- 1 Comment made in Ukrainian “Це якою тварюкою треба бути, щоб нищити лікарні, дитячі садочки, школи? 🤔💔🙄”
- 2 Comment made in English.
- 3 Comment made in Burmese. Please get in touch for the translated text: [info@insecurityinsight.org](mailto:info@insecurityinsight.org).
- 4 Comment made in Russian: Значит когда Зеленский стреляет в русских убивая и взрослых и детей то это нормально а когда Россия стреляет то это плохо, почему так политика Украины и Зеленский ужасные.
- 5 Comment made in French: Ne gobez pas la propagande de ces nazis ... Si l'hôpital avait été visé il ne resterait plus rien, et pas seulement une fenêtre incendiée ...
- 6 Comment made in Russian: А был ли там госпиталь на самом деле?
- 7 Comment made in English.
- 8 Comment made in Burmese. Please get in touch for the translated text.
- 9 Comment made in Burmese. Please get in touch for the translated text.
- 10 Comment made in Burmese. Please get in touch for the translated text.
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- 12 Comment made in English.
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- 19 Comment made in English.
- 20 Comment made in English.
- 21 Comment made in Arabic. Please get in touch for the translated text: [info@insecurityinsight.org](mailto:info@insecurityinsight.org)
- 22 Comment made in English.
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- 25 Comment made in English.
- 26 Comment made in Burmese. Please get in touch for the translated text.
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- 43 Comment made in Burmese. Please get in touch for the translated text.
- 44 Comment made in Burmese. Please get in touch for the translated text.
- 45 Comment made in English.
- 46 Comment made in Arabic. Please get in touch for the translated text.
- 47 Comment made in English.

## Other resources

**Humanitarian action in the Democratic Republic of the Congo (DRC) is increasingly shaped by public digital narratives that the aid sector cannot afford to ignore.** Social media narratives influence community trust, operational access, staff safety and even political decision-making. The distorted nature of some online discussions about aid can at times feel shocking or uncomfortable. While they may be dismissed as expressing the views of marginal voices, their growing reach and impact make it essential to understand the motivation behind them. This report - available in **English** and **French** - shares findings from social media sentiment monitoring in the DRC, with the intention of helping aid organisations to better understand and track emerging narratives and shifts in sentiment.



**In 2018, UN Security Council Resolution 2417 on the protection of civilians during armed conflict, conflict-induced food insecurity and the threat of famine was adopted.** Food insecurity in conflict today is at unprecedented levels. In 2024, more than 294 million people in 53 countries and territories were recorded as experiencing high levels of acute food insecurity. Millions of people across the world face food insecurity in various forms, much of which is caused and exacerbated by conflict-related factors. Throughout 2025, conflict-induced food insecurity continued to cause immense levels of suffering, including two famines that were declared in Gaza governorate in the occupied Palestinian territory and Darfur and Kordofan in Sudan.



The use of explosive weapons in conflict has contributed to large-scale destruction of infrastructure that supported food systems, thereby undermining food security. Particularly devastating are the impact on **agricultural land**, **water infrastructure** and **markets**. When food systems are disrupted, communities need aid to feed their families. When aid operations are targeted in conflict and mitigation measures are interrupted, food insecurity can ultimately lead to starvation.

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As an H2H (humanitarian-to-humanitarian) association, Insecurity Insight supports the work of aid agencies; the providers of health care, education, and protection services; and other civil society organisations by providing publicly available information that humanitarian organisations can use to design evidence-based policies to guide their activities and operations. We collect and analyse data about violence against civilians and the damaging and destruction of vital civilian infrastructure in order to strengthen civilian protection and the delivery of aid in contexts affected by armed conflict.

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