**Statement by Ms. Alena Douhan**

**SPECIAL RAPPORTEUR ON THE NEGATIVE IMPACT OF UNILATERAL COERCIVE MEASURES ON THE ENJOYMENT OF HUMAN RIGHTS**

At the virtual seminar

“Unilateral coercive measures and their impacts in the context of the COVID-19 pandemic”

30 November 2020, Vienna

*Honourable Chair, Excellencies, Ladies and Gentlemen,*

It is a privilege to be here, to present some of my findings at the virtual seminar “Unilateral coercive measures in the context of COVID-19 pandemic situation” on issues relating to the humanitarian impact of unilateral sanctions in the course of the pandemic. The same issues were the focus of my attention in a report I prepared for the UN General Assembly session in October, based on the information received from states and humanitarian NGOs in response to my call for inputs. Recent developments in the sanctions policy of many states as well as the practice of humanitarian NGOs clearly demonstrate that the humanitarian burden imposed by unilateral sanctions have become increasingly heavy, exacerbated by the second wave of COVID-19.

The COVID-19 pandemic constitutes a global challenge to the world community and the whole system of human rights, including the rights to life, to personal security, to health and to food. There is no-one around the world who is not affected by the global health crisis today. Every single person in every part of the globe is endangered. In accordance with WHO statistics, the number of reported cases has grown to above 63 million, and deaths have risen to 1.4 million. It cannot be doubted therefore that the virus is killing.

The devastating effects of unilateral sanctions as well as the need for solidarity and full respect for all human rights in the course of the pandemic have been repeatedly proclaimed by the United Nations and other governmental and non-governmental organizations. As the UN High Commissioner for Human Rights noted in her statement of March 24, the pandemic “is challenging the whole system of human rights, including such fundamental human rights as the right to life”. In the UN policy brief of April 23, the Secretary General identified saving lives as the main UN priority in the time of COVID-19.

Since taking the mandate in March 2020 I have aligned myself with these concerns and repeatedly called to lift or at least suspend or minimise all unilateral sanctions, including by withdrawing measures that establish trade barriers and banning tariffs, quotas and non-tariff measures, especially those which could prevent financial transactions for the purchase of medicine, medical equipment, food and other essential goods. I have insisted that existing humanitarian exemptions do not work and issued a guidance note seeking to minimize the negative humanitarian impact of unilateral sanctions and to encourage states to act together to save lives.

Unfortunately the level of international solidarity and cooperation today is not sufficient as these calls did not have much result. A number of countries did not lift or minimise but rather expanded the application of unilateral sanctions using new forms, types, means and mechanisms, affecting new types of targets.

As an example I need to mention that since the COVID-19 pandemic began, the United States has broadened its use and threats of sanctions, in particular by considering new types of sanctions in connection with an effort to accuse China for the spread of the disease. The Caesar Syria Civilian Protection Act of 2019, implemented this year, imposed unilateral sanctions prohibiting *inter alia* engaging in reconstruction and rehabilitation activities in Syria. Captains of oil tankers delivering gasoline from Iran to Venezuela, which is in bad need of fuel and electricity, have been listed for doing their job. Secondary sanctions are applied exponentially broadly and extraterritorially. Foreign entities and individuals dealing with sanctioned countries face U.S. penalties if the United States claims jurisdiction over an element of the transaction, e.g. because of the use of U.S. dollars.

*Excellencies*, I would like to cite here just a few practical examples of the humanitarian impact of unilateral sanctions in the course of the COVID-19 pandemic:

* Because of the U.S. comprehensive embargo on Cuba, which sent around 29 000 doctors around the world to fight COVID-19, that country has very limited access to humanitarian aid from civil society. Cuba has also been unable to buy pulmonary ventilators necessary to fight COVID-19 from a European manufacturer ever since the latter was acquired by a U.S. company and suspended all commercial relations with Cuba;
* Venezuela, which is suffering *inter alia* from severe shortages of gasoline, is unable to get it because of the expanding sanctions against owners, operators and captains of tankers, including those which are registered in Iran or Russia. Human Rights Watch reports that disinfectants including soap are “virtually non-existent” in Venezuelan hospitals. Moreover, shortages of water for drinking, hygienic and sanitary purposes make washing hands, the prophylactic means recommended by the WHO, impossible;
* Requests by Iran, Cuba, Sudan and some other sanctioned states to the World Bank and IMF for emergency and developmental loans to fight COVID-19 have been blocked;
* the Bank of England rejected to defreeze even a part of Venezuelan and Syrian deposits in gold to be used for emergency measures in the course of the pandemic, even for essential goods to be purchased on Venezuela’s behalf by the UNDP;
* Syria, Cuba, Iran and Sudan have referred to impediments in buying medical equipment and medicine, including anesthetic, respiratory, endoscopy and other pharmaceutical equipment; ventilators, CT scanners, tests, protective kits and many others because of the rejection of transactions between manufacturers and targeted states and companies, the reluctance of banks to permit bank transfers or the enormous extension of transfer terms because of the fear of secondary sanctions. After the U.S. listed 18 Iranian banks on October 8th, Iran is prevented from buying medicine, medical equipment and grains from European companies. In particular, the breach of insulin supply chains endangers the lives of diabetics all around the country;
* In all states under sanctions, delays and increasing costs of bank transfers and deliveries have resulted in rising prices for medical equipment, food and other essential goods;
* A number of Russian research centers involved in developing and testing a COVID-19 vaccine have been listed by the U.S. as being allegedly involved in the development of chemical and biological weapons;
* Services and software often cannot be obtained even for non-commercial activity by citizens of targeted countries. Iranian doctors are reported to be unable to get access to medical databases (Pub Med) after its server had been transferred to Google. Syria was unable to import the technology necessary, *inter alia*, for CT scans and ventilators. Zoom and other on-line platforms cannot be used for telemedicine, education, research, communication or other purposes.

*Excellencies,* the pandemic has made the negative humanitarian effect of unilateral sanctions more obvious and more disastrous. Targeted countries have insufficient medical personnel and face shortages of medications and medical equipment, including oxygen supplies and ventilators, protective kits, spare parts, software, fuel, electricity, drinking water and water for sanitation. This violates the **right to health** of their populations.

The violation of the **right to food** is occurring in the countries that depend on food imports due to insufficient agricultural production and transportation.

The deteriorating economic situation is badly affecting the exercise of **economic and labor rights,** which in the long run results in poverty and impedes the achievement of sustainable development goals. **Access to information** also plays an important role in the fight against pandemics. Making this access impossible results in the violation of the **right to education**.

The impossibility to obtain medicine, medical care, food, electricity and fuel results in the violation of the **right to life** of those who are infected by COVID-19, and also those who cannot get medical help and medication while suffering from other diseases or are unable to get to hospitals.

The COVID-19 pandemic is affecting every person today. Unilateral sanctions, imposed against about 20 per cent of UN Member States, exacerbate the aforementioned calamities and thus discriminate against populations in targeted countries, which appear to be more vulnerable than in other states. Women, children, medical personnel, refugees, migrants, the elderly, and people suffering from chronic diseases are the most affected.

*Excellences*, I am very much concerned that despite the repeated calls for solidarity, cooperation and the lifting, suspension or easing of sanctions in the course of the pandemic, sanctioning states chose to act through the mechanisms of ***humanitarian exemptions and humanitarian aid***. However, while welcoming every assistance aimed to provide humanitarian relief to those who are affected by the crisis, I have to admit that humanitarian exemptions were and remain ineffective, confusing, complicated and inadequate.

On October 21-22 I held expert consultations in Geneva with 24 well-known humanitarian organizations, many of which participate in the Grand Bargain, to get some facts and evidences from their side. All participants unanimously referred to unilateral sanctions as the main obstacle to delivery of humanitarian aid. Quite often they have to deal with several “layers” of sanctions that endanger the delivery of food, medicine and other essential goods even more. Moreover, humanitarian NGOs and their workers and volunteers often become targeted by secondary sanctions, preventing them from doing their humanitarian life-saving work, with an especially high risk for smaller NGOs.

Humanitarian aid mechanisms also make populations dependant on humanitarian aid, hinder targeted countries’ ability to respond to COVID-19 and prevent their economic recovery in the long term while being unable to develop and maintain necessary infrastructure. It has been repeatedly reported by humanitarian NGOs that the chances to get licenses for any building or reconstruction project are illusive. The application of unilateral sanctions impedes thus the ability of targeted countries to implement national response plans, often results in breaches of existing regional and bilateral cooperation / integration mechanisms.

Unfortunately, until now I do not see any real assessment of the humanitarian impact of unilateral sanctions being done by any of the sanctioning states, despite the obvious fact that the challenge of fighting COVID-19 is particularly severe for targeted countries.

The unclear, confusing, overlapping and complicated system of unilateral sanctions; sophisticated, lengthy and expensive system of humanitarian exemptions; as well as the expansion of secondary sanctions have resulted in **growing over-compliance** with sanctions, enormous rises in the costs and length of time needed for bank transfers, and a reluctance to provide humanitarian assistance to targeted societies. I would refer here to the fact that humanitarian NGOs during the expert meeting in October insisted that the fear of sanctions already affects human rights not less than sanctions as such.

*Ladies and Gentlemen,* there is an enormous number of other points of significance which can and shall be discussed as concerns the humanitarian impact of unilateral sanctions in the course of the COVID-19 pandemic.

I would use this chance **to call once again on states, international organizations as well as other actors** in a position to exercise a positive influence to review and minimize the whole scope of unilateral sanctions in full compliance with obligations arising from the UN Charter, international humanitarian and human rights law, law of international responsibility and other international obligations to guarantee that the rule of law is observed in the international arena; and to enable sanctioned states to ensure the effective protection of their populations in the face of COVID-19, to repair their economies and to guarantee the well-being of their people in the aftermath of the pandemic.

A preliminary humanitarian assessment analogous to those which is currently done in the environmental area shall always be made before any unilateral measures are taken. Under no circumstances should trade in essential humanitarian goods and commodities, such as medicine, antivirals, medical equipment, its component parts and relevant software, and food, be subject to any form of direct or indirect unilateral economic measure or sanction. Accordingly, any impediment to such trade or to appropriate contracts, financial transactions, transfers of currency or credit documents and transportation that hamper the ability of states to effectively fight the COVID-19 pandemic and that deprive them of vital medical care and access to clean water and food should be lifted or at least suspended until the threat is eliminated.

While unilateral sanctions stay in force still, the whole mechanism of humanitarian aid and humanitarian exemptions should be amended. In particular, humanitarian exemptions shall be made clear, transparent and straightforward to allow for immediate or at least more rapid implementation during emergency situations, with a corresponding regime of more lenient enforcement to prevent over-compliance with sanctions.

They should be forward-looking and anticipate broad categories of international emergencies such as pandemics, natural disasters, economic crises and others in order to require minimal adjustment in order to be effective. Any requests for licensing to purchase medical equipment, its component parts and software, medicine and food shall be considered without any delay and granted upon request with a presumed humanitarian purpose for the sake of saving human lives.

I thank you for your attention.