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**Promotion and protection of all human rights, civil,**

**political, economic, social and cultural rights,**

**including the right to development**

 Impact of unilateral coercive measures on the right to health

 Report of the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights, Alena F. Douhan[[1]](#footnote-2)\*

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|  *Summary* |
| In this report, the Special Rapporteur, Alena Douhan, provides an overview and assessment of the impact of unilateral sanctions on various aspects of the right to health, including access to healthcare, vaccination, prevention of deceases, access to tests, medicine, medical equipment. The report addresses the issue of the impact of unilateral coercive measures on the SDG 3, including maintenance and development of the healthcare system, and impact on the most vulnerable, including persons with disabilities, those suffering from rare and severe deceases, children, women, older persons. The report further considers impact of unilateral coercive measures on the availability of medical assistance in emergency situations, as well as the efficacy of humanitarian exemptions. |
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 I. Introduction

1. The present report is submitted pursuant to Human Rights Council resolutions 27/21 and 45/5 and General Assembly resolution 74/154, in which the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights was requested, inter alia, to gather all relevant information relating to the negative impact of unilateral coercive measures on the enjoyment of human rights; to study relevant trends, developments and challenges; to make guidelines and recommendations on ways and means to prevent, minimize and redress the adverse impact of unilateral coercive measures (UCMs) on human rights; and, to draw the attention of the Human Rights Council to relevant situations and cases.
2. In the implementation of her mandated activities, including thematic research, official country visits, cases analyses and management, as well as capacity-building and outreach initiatives with different stakeholders, the Special Rapporteur has received information on the multifaceted impact of UCMs, including unilateral economic and trade sanctions, asset freezes and travel restrictions, on the right to health with catastrophic effects on peoples’ living in targeted by sanctions countries, and in particular on the lives of the most vulnerable.
3. In her 2020 thematic report to the General Assembly[[2]](#footnote-3) the Special Rapporteur highlighted the devastating effects of unilateral sanctions and over-compliance on the enjoyment of human rights in the context of the COVID-19 pandemic outbreak and addressed particular challenges in the application of humanitarian exemptions and in the delivery of humanitarian assistance for effective response and recovery.
4. In addition, since her appointment, the Special Rapporteur has issued a number of communications addressed to States and businesses, raising concerns about the sanctions-induced obstacles in the delivery of medicines, medical equipment, consumable and spare parts and pharmaceutical reagents to targeted by sanctions countries, while the nexus between UCMs and the right to health, and in particular the impact of unilateral sanctions on access to adequate and appropriate healthcare services, including prevention, diagnosis, treatment and management of diseases, illness, disorders, and other health-impacting conditions has been among the focus areas during the Special Rapporteur’s official country visits and meetings with governmental and non-governmental actors.
5. The present report provides an overview of the Special Rapporteur’s work on this particular area, by bringing together her observations and analyses, enriched and supported by input from relevant stakeholders, and by presenting a critical assessment of the impact of unilateral sanctions, secondary sanctions and over-compliance on the right to health, with a particular focus on the most vulnerable populations.
6. Right to health (the highest attainable standard of physical and mental health) is viewed in this report in accordance with art. 12 of the International Covenant on Economic, Social and Cultural rights, including the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child; improvement of all aspects of environmental and industrial hygiene; prevention, treatment and control of epidemic, endemic, occupational and other diseases; creation of conditions which would assure to all medical service and medical attention in the event of sickness[[3]](#footnote-4).
7. Therefore the report assesses both direct and indirect impact of UCMs on the right to health as General Comment 14(2000) explicitly notes that the right to health “is dependent upon the realization of other human rights, as contained in the International Bill of Rights, including the rights to food, housing, work, education, human dignity, life, non-discrimination, equality, the prohibition against torture, privacy, access to information, and the freedoms of association, assembly and movement” (para. 3)[[4]](#footnote-5).
8. For the preparation of this report the Special Rapporteur issued a call for submissions[[5]](#footnote-6) addressed to States, UN entities and other international organizations, civil society, scholars, research institutions and others. Responses were received from the Governments of Armenia, Belarus, Cuba, Iraq, the Islamic Republic of Iran, the People’s Republic of China, the Russian Federation, the Syrian Arab Republic, Venezuela. Responses were also received from the EU, civil society organisations and associations, lawyers and scholars. She expresses her gratitude to all respondents.

 II. Activities of the Special Rapporteur

1. In order to raise awareness about the mandate, the negative impact of unilateral sanctions and over-compliance on human rights in countries under sanctions, findings from country visits and problems in the application of humanitarian exemptions, the Special Rapporteur was frequently interviewed by news and other media from around the world.
2. Between 31 October and 10 November 2022, she conducted an official visit to the Syrian Arab Republic to assess the impact unilateral sanctions on human rights and collected information following a significant number of meetings with the government ministers and officials, UN entities and other international organisations, civil society, diplomatic representations and the academia, as well field visits outside Damascus.
3. From 3 to 6 May 2023, she conducted an academic visit to Cuba where she participated as a keynote speaker in an academic event organised by the University of Havana, met with academic representatives and students, civil society, as well as several government ministers and institutions.
4. In March 2023, she organized two expert consultations (with CSOs and scholars) on the development of the monitoring and impact assessment methodology to be elaborated by the Special Rapporteur and shared with all relevant stakeholders.
5. In addition, the Special Rapporteur seeks to strengthen awareness on the multifaceted adverse impact of UCMs, with serious implications on the right to development and the realisation of the Sustainable Development Goals and 2030 Agenda. In this context, on 28 March 2023, in the margins of the 52nd session of the UN Human Right Council, she organised a high-level side-event with the participation of governments, civil society organisations, representatives from UN mechanisms and academics.[[6]](#footnote-7)
6. The Special Rapporteur also participated in thematic conferences, webinars, virtual meetings organised by other stakeholders, including the EU Parliament, civil society and academic institutions; she met with representatives of permanent missions to the United Nations in Geneva and New York, representatives of the Non-Aligned Movement and the Like-Minded Group of Countries to raise awareness about over-compliance, extraterritoriality and the adverse effects of unilateral sanctions on the delivery of humanitarian assistance and on broader recovery efforts. She held meetings and consultations with academics, lawyers and representatives of business sectors affected by sanctions, and consultations on the effects of unilateral sanctions on humanitarian assistance and on persons in vulnerable situations.
7. The Special Rapporteur is also finalising the development of the Sanctions Research Platform, a comprehensive electronic repository of research work relevant to the issue of unilateral coercive measures and their impact on human rights.
8. Over the past year, she has sent numerous communications to States and businesses referring, inter alia, to the extraterritorial implementation of, or overcompliance with, unilateral sanctions, and their humanitarian impact. A complete list of the activities of the Special Rapporteur in the past year may be found on the mandate’s website.[[7]](#footnote-8)

 III. Direct impact of unilateral sanctions on the right to health

1. The Special Rapporteur notes that the healthcare system as a whole is highly vulnerable to the imposition of unilateral sanctions and to relevant zero-risk policies due to the deterioration they cause in the population’s standards of living, high inflation, and problems pertaining to the purchase, payment for and delivery of necessary medicines, medical equipment, spare parts, reagents or software. Over-compliance by the private sector prevents access to medicine even in the absence of comprehensive or sectoral sanctions. Even with the declared humanitarian exemptions for medicines and food, businesses are often afraid to provide medical services or sell medical goods due to vague or overlapping sanctions regulations. Deliveries may either be obstructed or delayed due to financial restrictions, including exclusion from SWIFT of targeted banks or countries, freezing of Central Banks’ assets, , sanctions imposed over transportation and insurance companies, threats with secondary sanctions, requests for multiple licenses for procurement, transportation or insurance, even for delivery of humanitarian assistance, imposition of civil or criminal penalties for dealing with countries under sanctions, zero risk policies by third-country banks.
2. The Special Rapporteur notes with regret that the request of the UN Committee on Economic, Social and Cultural Rights to “refrain at all times from imposing embargoes or similar measures restricting the supply of another State with adequate medicines and medical equipment”[[8]](#footnote-9) has not been respected and implemented. She is also alarmed about the inefficacy of humanitarian exemptions in unilateral sanctions regimes, although their ineffectiveness was recognized by the CESCR already in 1997 in the General Comment No. 8 in relation to the sanctions of the UN Security Council (paras. 3–5)[[9]](#footnote-10).

 A. Access to medicine and medical equipment

1. The serious negative impact of unilateral sanctions and over-compliance with sanctions on all aspects of the right to health, including access to healthcare, nutrition, clean water and sanitation, is widely recognized and reflected in the majority of submissions received by the Special Rapporteur. Even reports by sanctioning actors admit the negative humanitarian impact of over-compliance as an ”unintended” one and realise the need for its mitigation.[[10]](#footnote-11)
2. The Special Rapporteur notes with concern that the imposition of sanctions against states or economic sectors and the ensued financial challenges, exacerbated by the effects of over-compliance, prevent the purchase, payment and delivery of medicines, medical equipment, spare parts, raw materials and reagents in all countries under sanctions.
3. Already at the outbreak of the pandemic the Special Rapporteur highlighted shortages of, and the inability to, purchase medicines and medical equipment necessary for the diagnosis and treatment of COVID -19 and other diseases, including COVID tests, oxygen and artificial lung ventilation devices (Sudan, Cuba, Venezuela, Iran), personal protective equipment (Cuba, Iran), spare parts and software, in particular for CT and ventilation devices (Syria, Sudan, Cuba, Iran), fuel, electricity, food, drinking water and water for hygiene purposes (Venezuela, Syria)[[11]](#footnote-12), pay for COVAX mechanism (Iran, Venezuela[[12]](#footnote-13)).
4. The Special Rapporteur notes with concern that the current situation is not less sensitive as concerns all types of medicine, medical equipment, spare parts, vaccination, software, syringes, installation and post-sale services[[13]](#footnote-14). Challenges in the delivery of medical and diagnostic equipment are reported in all submissions received by the Special Rapporteur. Due to unilateral sanctions and over-compliance, countries cannot use “foreign currency to import humanitarian goods” and to procure respiratory, cardiology, endoscopic, pharmaceutical and other types of equipment, high-tech kits, medicine for treatment of specific forms of cancer[[14]](#footnote-15), diabetes, hemophilia, leukaemia, ichthyosis, multiple sclerosis, autism[[15]](#footnote-16), epidermolysis bullosa (EB)[[16]](#footnote-17), thalassemia, HbA1[[17]](#footnote-18) kidney failure and disfunction, hypertension, anaemia, respiratory deceases[[18]](#footnote-19), chronic inflammatory demyelinating polyneuropathy or multifocal motor neuropathy, immunocompressed patients, asthma, orthosis, prothesis, as well as factor VIII, hormones, anesthetics, antibiotics, antidotes, immunoglobulin, immunosuppressors, blood derivatives[[19]](#footnote-20), pressure, cardiac, antipyretic drugs, painkillers, and other irreplaceable and essential drugs and equipment[[20]](#footnote-21).
5. In Venezuela more than 85 per cent of world available medicine does not reach the country, including blood products, antibiotics, insulin, dialysis supplies, antiretrovirals, vaccines and medicine against malaria, cancer and other deceases congenital heart disease, tuberculosis, chronic and communicable diseases, including within the programs authorized by PAHO, and sometimes even water[[21]](#footnote-22). In Zimbabwe, even in the absence of sectoral sanctions the Government is able to guarantee the availability in hospitals of only 50 basic medicines, mainly due to over-compliance by private sector[[22]](#footnote-23).
6. After sanctions have been imposed against Belarus a long list of companies based in Finland, the Great Britain, Germany, Poland, USA have reportedly stopped the deliveries of life-saving medicine and equipment for diagnostics and treatment of HIV, tuberculosis, cancer, hepatitis B, hepatoses, cirrhosis, high intensity pain-killers, certain forms of antiepileptic, tranquilizers and sedative medicines, drugs to normalize the content of calcium in bone tissues as well as various types of sterilisers, raw materials, reagents and spare parts for sterilisers, arthroscopes[[23]](#footnote-24).
7. Professional associations report on the challenges to deliver life-saving and pain-killing medicines and equipment for pediatrics in Cuba including high-tech lung ventilators for newborns or children, nutritional supplements or special foods for medical use, dietary management of specific childhood disorders and diseases, pediatric arterial and venous lines, hydrophobic filters, temporary hemodialysis catheters for young children, pediatric dialyzers, dialysis bags and catheters, used for newborns and infants with acute renal failure, analgesics or anesthetics to prevent or treat pain[[24]](#footnote-25), high-tech medical treatment and support equipment for children with disabilities[[25]](#footnote-26); pacemakers, supplies and medications needed in cardiovascular surgery; catheters, stents, oxygenators, disposable electrodes, contrast media, radioisotopes in Cuba[[26]](#footnote-27).
8. The Special Rapporteur was informed about the serious procurement challenges faced by countries with developed healthcare and pharmaceutical sectors (Iran, Cuba[[27]](#footnote-28), Syria[[28]](#footnote-29))[[29]](#footnote-30), especially if they rely on deliveries from producers based in sanctioning countries. Even international cooperation in the sphere of organ transplants is affected due to impediments to payments and freezing assets of Central banks and public companies[[30]](#footnote-31). Impossibility of bank payments even affects cooperation between medical and research institutions both of which are placed in the countries under sanctions[[31]](#footnote-32).
9. The Special Rapporteur notes with concern that unavailability or shortage of medicine and medical equipment results in rising mortality rates, levels of suffering and reduced life expectancy for people suffering from chronic and severe diseases. Reports indicate that every additional year under sanctions increase life expectancy adverse effects by 0.3 to 0.2 years[[32]](#footnote-33).
10. The Special Rapporteur is alarmed by the growing number of refusals by pharmaceutical companies to sell medicine, medical equipment, spare parts, hi-tech equipment, post-sale services, and by the discontinuation of pre-existing contracts, the challenges faced by banks in the countries under sanctions to get letters of credit and to ensure payments for medical items[[33]](#footnote-34), rejections by transport and insurance companies[[34]](#footnote-35), all of which force affected people, States and companies to seek alternative, riskier and costlier means of procurement. It increases the likelihood for corruption and other irregular practices, not to mention risks for the quality of the procured item.
11. The Special Rapporteur was informed that in certain cases Syrian doctors themselves were forced to bring into Syria, through their networks abroad, medicines and medical equipment not available in the country, and bear the financial costs, in order to be able to treat their patients.[[35]](#footnote-36)
12. Due to impossibility to procure new equipment, spare parts, and reagents, high tech, software, unavailability of post-sale and maintenance services, there is severe shortage on equipment including for basic blood-test and urine test centrifuges, sterilisers, kidney treatment and dialysis machines, operational haemodialysis units, CT Scans, B-scans, MRT and PET Scan devices, B-scans, endoscopic devices, X-rays, cardiac catheters, incubators, ICU ventilators, oxygen generators in the country due to the lack of spare parts and updated software. In Syria, there is only one linear accelerator device in the whole country[[36]](#footnote-37), and a waiting list of 6 months for CT scan treatment of cancer patients of, with serious impact on timely diagnosis and treatment [[37]](#footnote-38). In the few cases of successful delivery of the specialised medical equipment, the equipment could not operate because of the non-delivery of the operating software or non-performance of any other post-sale installation and maintenance services[[38]](#footnote-39). Similarly due to unavailability of spare parts and reagents for pediatric cardio hospital in Caracas resulted in 12fold reduction of the number of child cardio-surgeries in Venezuela[[39]](#footnote-40)
13. The Special Rapporteur forwarded several communications on the impossibility to deliver specialised medicine to 930 persons suffering from epidermolysis bullosa (EB)[[40]](#footnote-41) and 23,000 thalassemia patients to Iran due to the reported reluctance of pharmaceutical companies based in Sweden, Switzerland and France[[41]](#footnote-42) to sell medical goods to Iran, challenges in payments or in medical cargo insurance. The case filled by Iranian Thalassemia association in the national US court has been dismissed,[[42]](#footnote-43) and the US Government has not responded to any of the Special Rapporteur’s letters.
14. The above situation resulted in the growing mortality rates and human suffering for EB patients (15 patients died within a year due to insufficient delivery of bandages), rising mortality rates for Thalassemia patients (from 25-35 per year before 2018 to 150–220 per year in 2018–2022) and reducing their life expectancy (from 45–50 to below 20).[[43]](#footnote-44)
15. The Special Rapporteur welcomes assistance from the side of Government of Sweden for the delivery of the year stock bandages for EB patients in August–September 2022 in cooperation with UNICEF[[44]](#footnote-45), however, notes with regret that due to the impossibility of direct bank transfers and other delivery challenges, a sustainable solution to this problem has not yet been found, with a high likelihood of the stock of bandages being depleted by autumn 2023. Similar challenges have been reported as concerns 124 EB patients in Belarus with the remaining 1–2 month storage of bandages as for July 2023 after the Swedish company’s rejection to sell bandages to the country[[45]](#footnote-46).
16. The Special Rapporteur recognises the existing challenges in the delivery of medicine to thalassemia patients in Iran. Responses received from Switzerland[[46]](#footnote-47) and the Swiss company[[47]](#footnote-48) provide contradictory information, and do not ensure availability of the life-saving medicine for patients. No response has been received from France, France based company and the US. It is illustrative however, that Swiss pharmaceutical company producing Thalassemia medicine has already been subjected to the US fine in 2008-2011 for delivering medicine to Iran and agreed to pay USD 17 million[[48]](#footnote-49).
17. The Special Rapporteur is also concerned about that the detrimental effects of unilateral sanctions and over-compliance by the private sector on decease prevention and control. Many countries report to be unable to deliver WHO recommended vaccinations including for measles (Venezuela[[49]](#footnote-50)), polio (Venezuela, Zimbabwe, Syria[[50]](#footnote-51), Iran[[51]](#footnote-52)), yellow fever (Venezuela), rotavirus, diphtheria, tuberculosis (Venezuela, Somalia, Yemen)[[52]](#footnote-53). In 2016–2018 around 2,6 million of children in Venezuela have not been vaccinated[[53]](#footnote-54). To date COVAX vaccination coverage in Venezuela is around 20 per cent. Child vaccination rate in Syria has dropped from 95 to around 60 per cent between 2006 and 2022[[54]](#footnote-55).
18. Similar challenges are reported in the delivery of laboratory kits and tests (Iran[[55]](#footnote-56), Cuba[[56]](#footnote-57), Venezuela[[57]](#footnote-58)). Iran refers to the failure to deliver HIV Drug Resistance System-Sequencing Analyzer to improve care and treatment for patients living with HIV+, as well as tests for asthma and COPD, despite joint efforts of the Ministry of Health and the UN Office in Iran[[58]](#footnote-59). Belarus is reporting about impossibility to procure test systems of treatment resisting tuberculosis and HIV even via The Global[[59]](#footnote-60). The absence of proper tests and medicine results in outbreaks of typhus, roseola (Syria)[[60]](#footnote-61), HIV/AIDS (Venezuela[[61]](#footnote-62), Zimbabwe)[[62]](#footnote-63), opportunistic infections (Venezuela[[63]](#footnote-64)) tuberculosis (North Korea[[64]](#footnote-65), Venezuela[[65]](#footnote-66)), dengue fever (Cuba[[66]](#footnote-67)).
19. The Special Rapporteur is concerned about reports on the deteriorating psychological effects, especially on youth, of the dramatic economic situation, unavailability of jobs, food and medicine due to the “loss of hope” (Syria[[67]](#footnote-68), Cuba [[68]](#footnote-69)). Disillusionment and psychological suffering is compounded also by the unavailability of specialized medicine including for mental health conditions, postnatal and other types of depression, anxiety-depressive disorder, suicidal behavior and thoughts, self-harm and other conditions[[69]](#footnote-70).

 B. Availability of healthcare

1. CESCR refers to on the obligation of states to guarantee availability of healthcare, including the sufficient quantity and physically safe accessibility of health facilities, goods and services, provided by “skilled medical personnel, scientifically approved and unexpired drugs and hospital equipment”, as well as the “underlying determinants of health, such as safe and potable water, adequate sanitation facilities”[[70]](#footnote-71), contraceptives, medicine for prevention and treatment of sexually transmitted infections, tuberculosis, diphtheria and AIDS/HIV[[71]](#footnote-72).
2. All these elements are negatively affected by the cumulative impact of unilateral sanctions, over-compliance and deteriorating economic situation in the countries under sanctions. Due to the rapid reduction of country revenue, impediments in delivery of necessary goods and equipment, the construction, reconstruction and maintenance of hospitals and primary health care centers has stopped in Venezuela[[72]](#footnote-73) and Zimbabwe[[73]](#footnote-74). In Syria after adoption of the so-called Caesar act, and despite the widespread destruction following 12-year conflict, any reconstruction and rebuilding efforts including among others of hospitals, water supply systems and electricity grids stopped due to the refusal of donors, foreign businesses and financial institutions to provide for the delivery of construction materials, spare parts and software or their refusal to process payments for such goods and services[[74]](#footnote-75).
3. Countries under sanctions report on the reducing capacity of governments to guarantee free or affordable treatment of all types of deceases due to hyper-inflation, growing costs of insurance, delivery and bank transactions (Venezuela[[75]](#footnote-76), Iran[[76]](#footnote-77)), physical impediments in delivery of medical goods; the need to look for tests, laboratory equipment, reagents, anti-viral, high-tech at distant markets and via alternative delivery routes.
4. In Iran, Venezuela and Syria numerous private medical services have discontinued due to the impossibility to deliver necessary medicine and equipment as a result of sanctions and over-compliance[[77]](#footnote-78), or the inability of patients to afford the high cost of private healthcare.[[78]](#footnote-79)
5. It is also reported that access to medical assistance abroad is severely impeded by unilateral sanctions due to the freezing assets of Central banks or other state property previously used to cover medical expenses for the nationals in need, challenges to transfer money, drastically reduced income of nationals and residents, travel restrictions, and payments for accommodation[[79]](#footnote-80). In particular, freezing assets of SITGO, used to cover expenses for kidney and brain marrow transplantations for Venezuela children in Italy and Argentina[[80]](#footnote-81) resulted in death of 14 children[[81]](#footnote-82). Iran is not able to transfer money and ensure ophthalmology treatment and trachea mesh insertion for people affected with mustard gas in Iran-Iraqi’s war[[82]](#footnote-83).
6. Physical blockade of specific territories is reported to add additional challenges for the access to healthcare with broader regional implications[[83]](#footnote-84). In Gaza and the West Bank patients are requested to apply for approval of their trip for health reasons. Since 2017 the approval time for non-urgent interventions has extended to 23 days, with possible further delays, with an approval rate around 84 per cent in 2022[[84]](#footnote-85). It is reported that in 2022 parents of 1/3 of children from Gaza and 15% from the West Bank did not receive permission to accompany them for medical treatment; 3/5 of people with disabilities from Gaza and 1/5 from West Bank did not receive a permission for the accompanying person [[85]](#footnote-86). A total of 839 patients lost their life while waiting for permit responses for the period of 2008-2021, while there are reports of growing number of severe, moderate, and mild mental health disorders among adults and children[[86]](#footnote-87). According to WHO, the survival rate for cancer patients whose travel permissions for chemo- or radiotherapy are delayed or denied is 1,5 times lower than for those whose requests are approved without the delay[[87]](#footnote-88).
7. Similar impediments are reported as for the delivery of medicine to Gaza, which needs specific approval by Israeli authorities. According to information, 69% of requests by private companies through the Presidential Committee for Commodities Coordination of the Palestinian Authority for delivery of machines or spare parts to Gaza for x-ray, CT, or oxygen delivery were denied by Israeli authorities in 2021,[[88]](#footnote-89) with the delivery of diagnostic radiology, X-rays, endoscopy, MRI and CT, equipment and spare parts for rehabilitation services, oxygen cylinders, nuclear medicine technology, materials used in limb prostheses being denied, qualified as dual use[[89]](#footnote-90). Combined with the shortage of skilled health personnel the above challenges undermine the proper functioning of the healthcare system[[90]](#footnote-91).
8. The Special Rapporteur is also alarmed about the multiple reports on the reducing number of medical personnel in the countries under sanctions. They usually report 30-50% shortage of medical professionals due to low salaries, hyper-inflation, transportation costs (Venezuela[[91]](#footnote-92), Syria[[92]](#footnote-93)). In Zimbabwe vacancy rates in the health sector is 89% for midwives, 64% for doctors and 49% for nursing tutors. Most provinces have less than 10 health professionals per 10,000 people[[93]](#footnote-94). Since 2021 Zimbabwe is included in the list of countries with the lowest number of health workers[[94]](#footnote-95) alongside Somalia, Sudan and Yemen[[95]](#footnote-96).
9. Unilateral sanctions prevent health professionals from further developing their qualifications, and participating in international exchange and research programs. Medical professionals from countries under sanctions face challenges in accessing online platforms (including PubMed), participate in medical conferences, subscribe to medical journals due to their nationality or IP address, participate in joint research, get visas, pay for travel (Iran, Zimbabwe, Syria[[96]](#footnote-97), Cuba[[97]](#footnote-98)), publish in health academic journals[[98]](#footnote-99), pay membership fees to participate in international academic and professional health associations[[99]](#footnote-100).
10. Domestic research is also reported to be affected due to impediments in delivery of biological items, raw materials, spare parts and laboratory equipment (Iran)[[100]](#footnote-101), including microscopes (Venezuela)[[101]](#footnote-102), high tech (China[[102]](#footnote-103)), and refusals to renew licenses even if the equipment is physically delivered[[103]](#footnote-104).
11. Medical students cannot access online professional resources due to their nationality or IP address, or to access training in the absence of appropriate equipment, software, and books (Syria, Iran, Cuba, Gaza strip[[104]](#footnote-105)).
12. Sanctions imposed over energy, including diesel, gasoline and transportation has enormously affected access to hospitals in the countries under sanctions especially for vulnerable groups. In Venezuela and Zimbabwe gasoline shortages restraint people’s mobility, disproportionately affecting women’s access to healthcare facilities. In Venezuela up to 80% of women give birth outside health facilities[[105]](#footnote-106) with the consequent growing numbers of maternal and infant mortality[[106]](#footnote-107).
13. Access to health facilities, prevention and control of deceases is impeded in many countries under sanctions due to the impossibility to purchase and repair medically equipped vehicles [[107]](#footnote-108), to provide necessary quantity of diesel (Venezuela[[108]](#footnote-109), Syria [[109]](#footnote-110)). Search-and-rescue helicopters, air-ambulances and specialized vehicles being the only means for the search and transport to health facilities are often qualified as dual-use goods and therefore not delivered[[110]](#footnote-111), thus raising mortality rates.
14. Energy shortages in many countries under sanctions are reported to cause frequent power outages in hospitals and health centres. In Syria, in particular, power grid distribution for health care centres is secured for only 10-11 hours per day in the main cities (compared to 1-2 h per day across the country), with the rest covered by diesel power stations and generators. Due to the irregularity of electricity, power cuts and electric overloads, medical operations are interrupted and medical equipment and sensitive medicines are damaged, without the possibility of repair or replacement due to the imposed trade and financial restrictions[[111]](#footnote-112).

 IV. Indirect impact of UCMs on the right to health

 A. Poverty and nutrition

1. Elimination of poverty and hunger, promotion of inclusive and sustainable economic growth, agriculture, food security and improved nutrition, full and productive employment and decent work for all important aspects of the right to health. The Special Rapporteur notes that the complexity of unilateral sanctions, compounded by over-compliance, result in economic crises, growing unemployment[[112]](#footnote-113), deterioration of income[[113]](#footnote-114). Countries under sanctions report on high unemployment rates in the public sector (doctors, nurses, teachers, professors, public officers, judges, and others[[114]](#footnote-115)), in the tourist industry and handicrafts[[115]](#footnote-116), resulting in the weakening of formal economy and instead expansion of informal/shadow economy[[116]](#footnote-117), with poverty rates skyrocketing above 90 per cent in Venezuela[[117]](#footnote-118) and Syria[[118]](#footnote-119).
2. Due to the deteriorating economic situation and insufficient resources sanctioned States are forced to discontinue or reduce the coverage of social support programs in healthcare, including free examinations, medicines and medical treatment. In Iran growing prices for medicine and assistive equipment render them inaccessible for people[[119]](#footnote-120). It has also been reported that some rare disease patients receiving foreign-produced specialised medicine free of charge or at subsidised prices resell part of their treatment to cover other basic needs, such as food, due to their dire economic situation[[120]](#footnote-121). Other reports refer to the growing people’s engagement in the illegal trade of organs as the only source of income[[121]](#footnote-122).
3. The Special Rapporteur underscores that adequate nutrition constitutes an fundamental element of the right to health, both in terms of quality as well as quantity, and with due consideration of the particular and complementary needs of those in vulnerable situations, including infants and children. Many countries under sanctions report high levels of food insecurity in their populations, including up to 24 – 50 per cent in Venezuela[[122]](#footnote-123), 60 per cent in Zimbabwe[[123]](#footnote-124) and 90 per cent in Syria[[124]](#footnote-125), with disproportionate impact on women and girls[[125]](#footnote-126). Agricultural unsustainability is exacerbated by the sanctions and sanctions-related impediments in access to irrigation, diesel fuel, agricultural equipment, spare parts, seeds and fertilizers[[126]](#footnote-127).
4. It has been reported that 90 per cent of children in Syria depend on humanitarian assistance for the survival and around 500 000 are severe food insecure[[127]](#footnote-128). In Venezuela average number of meals reduced to 1,5 per day with minimal quantity of proteins[[128]](#footnote-129), 50 per cent of children under 5 are at risk of severe undernourishment[[129]](#footnote-130). Similar figures are also reported in other countries[[130]](#footnote-131) and territories[[131]](#footnote-132) under sanctions, with growing child mortality[[132]](#footnote-133) and prevalence of chronic diseases.[[133]](#footnote-134)
5. Several reports, including by the former Special Rapporteur on the right to food acknowledge that “[t]he continued imposition of crippling economic sanctions on Syria, Venezuela, Iran, Cuba, and, to a lesser degree, Zimbabwe […], severely undermines the ordinary citizens' fundamental right to sufficient and adequate food"[[134]](#footnote-135) while others refer to challenges such as the interruption of bank correspondence relations and supply chains, SWIFT bans[[135]](#footnote-136), fear of secondary sanctions , physical blockades of transport routes[[136]](#footnote-137), hindering delivery of medicine and food by humanitarian organisations.

 B. Clean water and sanitation, access to energy, environment

1. The Special Rapporteur notes that availability and sustainable management of water and sanitation is vital for the achievement of the right to health. She is concerned that unavailability of electricity and fuel, and rising prices of water quality control materials and equipment, such as cultivation media, chlorination tablets and other essentials (Iran[[137]](#footnote-138)), result in the collapse of water and sanitation systems. Distribution of drinking water is undertaken for few hours per week in Venezuela[[138]](#footnote-139)) or not at all (Zimbabwe[[139]](#footnote-140),Syria[[140]](#footnote-141), Gaza[[141]](#footnote-142)), with serious adverse health effects explaining the occurrence of waterborne, bacterial and other diseases, such as cholera[[142]](#footnote-143),malaria, dengue, lupus[[143]](#footnote-144), while shortage of water for irrigation, combined with climate change, have serious consequences for domestic agricultural production in Iran[[144]](#footnote-145)and Syria[[145]](#footnote-146)).
2. Challenges caused by unilateral sanctions and over-compliance force States under sanctions to enter into “survival mode”, prioritizing food, health and agriculture[[146]](#footnote-147) at the expense of other projects, including transportation and treatment of solid waste and medical waste, conflict-related pollution, including toxic munitions ingredients and explosive material undergoing chemical transformations[[147]](#footnote-148); they are also prevented from developing environmental friendly technologies[[148]](#footnote-149), procure industrial filters and other up-to-date technologies, and instead rely on polluting and outdated sources of energy for both domestic and industrial use.. All these elements affect the right to a favorable environment with the long-term health effects [[149]](#footnote-150).
3. The Special Rapporteur notes with regret that the use of unilateral sanctions reduces ability of States under sanctions to guarantee and promote occupational health and safety, including through social protection schemes. Countries report on deteriorating labor conditions with rising numbers of health-related and other incidents[[150]](#footnote-151), and refer to sanctions-induced restrictions in the procurement of appropriate and updated specialized equipment, including for pollutants measurements, as well as control and mitigation of occupational hasards.[[151]](#footnote-152)
4. Despite her repeated calls for the lifting of all sanctions against any goods and objects related to critical infrastructure and necessary for the enjoyment of the right to health and of all its underlying determinants and elements mentioned above[[152]](#footnote-153), no meaningful response has been received by the mandate.

 V. Protection of vulnerable groups

 A. People with disabilities, people suffering from rare and severe deceases

1. The Special Rapporteur acknowledges that persons with disabilities as well as those suffering from rare or severe deceases in need of sustained medical attention are the most vulnerable in the face of unilateral sanctions and over-compliance[[153]](#footnote-154). The absence of adequate and sufficient medical assistance and adequate treatment for persons with disabilities and for severe and rare diseases patients results in growing mortality rates, reduced life expectancy and deteriorating overall health conditions.
2. Unilateral sanctions and over-compliance create the conditions for the systematic violations of the rights of persons with disabilities and thus of many provisions of the UN Convention on the Rights of Persons with Disabilities, including with regards to social support, provision of healthcare services both in the country of residence and abroad[[154]](#footnote-155), and unavailability of assistive technology and adaptive equipment. She notes with concern that much of this technology and equipment is subject to sanctions-related export controls because they contain at least 10% of US content and components and is often procured through alternative routes with serious cost implications.
3. General deterioration of transport system and unavailability of fuel in the countries under sanctions add to the challenges faced by persons with disabilities and those suffering from rare or severe deceases, in terms of access to health facilities, or workplace, community events, while electricity and water shortages constitute additional obstacles to surmount in the daily lives.[[155]](#footnote-156).

 B. Women and children

1. The Convention on Elimination of All Forms of Discrimination against Women requests States to “take all appropriate measures to ensure […] access to healthcare services, including those related to family planning; appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation” [[156]](#footnote-157), all of which are unfortunately affected by unilateral sanctions. The Convention on the Rights of the Child provides for measures to minimize infant and child mortality, appropriate pre- and post-natal health care of mothers, preventive health care for children, adequate nutrition and clean water access (art. 29)[[157]](#footnote-158).
2. In Venezuela and Zimbabwe, in light of the shortage of gasoline, the lack of medicines, tests, equipment and water in hospitals, the number of women giving birth without medical assistance has dramatically increased (according to some reports, up to 80%) with extremely low hemoglobin[[158]](#footnote-159) or underweight (for example, anemia in pregnant women in Zimbabwe reached a level of 33.2% by 2019[[159]](#footnote-160)), which, in the absence of hemostatic drugs, led to an increase in infant and maternal mortality (Venezuela, DPRK[[160]](#footnote-161)). Maternal mortality rate in Zimbabwe as of 2020 was 357 deaths per 100,000 births[[161]](#footnote-162), in Venezuela 259[[162]](#footnote-163), in Afghanistan 680[[163]](#footnote-164). In the occupied Palestinian territory insufficiency of healthcare services results in the early discharge of mothers and their babies following birth that reduces opportunities for the detection of potential medical complications and the provision of lifesaving interventions[[164]](#footnote-165) thus heightening risks for maternal and newborn mortality which can be prevented[[165]](#footnote-166).
3. The Special Rapporteur is alarmed about the growing impact of unilateral sanctions and over-compliance on the right to health of children. Multiple reports reflect on the growing malnutrition, anemia, underweight and undergrowth of children at the birth and at later stages of their life, growing infant and under-5 mortality rates. In Zimbabwe rising infant mortality rates were registered after unilateral sanctions were imposed in 2001, while currently stands at 26 per 1000 live births. In Venezuela infant mortality increased from 15 (in 2013) to 21 in 2022; in Syria from 16 in 2010 to 25 in 2014, while the 2021 figure is18.[[166]](#footnote-167)
4. It has also been reported that due to shortages in water and gas, the population is shifting to open fire cooking and unsafe water sources (Venezuela[[167]](#footnote-168), Zimbabwe[[168]](#footnote-169), DPRK[[169]](#footnote-170)) with women and girls being disproportionately exposed and affected.
5. Under the economic crisis, caused or exacerbated by unilateral sanctions an active male migration abroad is reported. As a result, women are left alone and forced to look for a source of financial support for themselves and their children, although they are often the first to lose their jobs, especially in rural areas (Zimbabwe, North Korea, DPRK, Haiti, Iraq). They are frequently reported to be subjected to human trafficking, prostitution and sexual exploitation (Venezuela, Zimbabwe), and are exposed to similar risks when migrating abroad.
6. In difficult economic circumstances, children and adolescents are also very vulnerable to violence, sexual and economic exploitation, drug use, involvement in criminal activities, armed conflicts(Syria[[170]](#footnote-171), Venezuela[[171]](#footnote-172), Cuba[[172]](#footnote-173)), with serious health and social consequences, including the prevalence of adolescent pregnancies, opportunistic infections and HIV / AIDS, particularly in the absence of adequate resources for the implementation of social protection, public health and family planning programs, with a recent example the interruption in Cuba of the free distribution of contraceptives.[[173]](#footnote-174)

 C. Other vulnerable groups

1. The Special Rapporteur emphasises that unilateral sanctions affect other populations in vulnerable situations. In particular, sanctions against Iran hinders its ability to provide 5.5 million Afghan refugees with adequate food, healthcare, housing and other services[[174]](#footnote-175). In addition, while CEDAW General Comment No. 6 (1995) stipulates the need for preventive, curative and rehabilitative health treatment for older persons,[[175]](#footnote-176) multiple reports highlight healthcare challenges affecting the elderly due to sanctions-induced economic and trade restrictions as well as over-compliance by businesses and the financial sector.
2. Sanctions-induced healthcare-related challenges have also serious adverse effects on the right to the highest attainable standard of physical and mental health of lesbian, gay, bisexual, trans and other diverse persons, and intersex persons, due to the unavailability, shortage, low quality and doubled or tripled price of available gender affirmative hormone therapy, hormone replacement and anti-retro-viral therapy that results in health status complications, involvement of people in the alternative means of procurement, including via private uncertified chains[[176]](#footnote-177).

 VI. Impact of UCMs on the right to health in emergency situations and humanitarian aid delivery

1. It is generally recognized that urgent medical care in cases of accidents, epidemics and similar health hazards, and the provision of disaster relief and humanitarian assistance in emergency situations constitutes and integral part of the right to health[[177]](#footnote-178). The Special Rapporteur regrets that the delivery of humanitarian assistance as well as the work of humanitarian actors have also been substantially affected by the imposition of unilateral sanctions, in particular due to the unclear, over-lapping, confusing and complicated sanctions regulations, the complexity of acquiring licenses for humanitarian purposes through the existing systems of humanitarian exceptions, exemptions or derogations[[178]](#footnote-179).
2. Countries which impose sanctions claim that such measures do not aim at affecting peoples’ basic needs, and put forward the argument of for the efficiency of existing humanitarian exemptions[[179]](#footnote-180), in addition to their reported financial support for the provision of humanitarian assistance[[180]](#footnote-181). The Special Rapporteur notes that humanitarian exemptions are de facto ineffective, inefficient and unjustifiably narrow in scope.
3. The Special Rapporteur has received information about complexities and inconsistencies in the application of humanitarian carve-outs, which challenge the work of humanitarian actors and undermine their timely emergency response capabilities, on top of the overall sense of uncertainty for fear of possible violations of the sanctions regulations. In particular, she has been informed about lengthy, expensive and complex licensing procedures[[181]](#footnote-182), serious delays in applications processing (up to 1 – 1,5 years[[182]](#footnote-183)), cumbersome legal fees for regulatory interpretation and legal support, heightened burden of proof for humanitarian operations and safeguards against aid deviation[[183]](#footnote-184) , impossibility to deliver medical goods due to financial and transport restrictions as well as over-compliance by businesses and banks imposed embargoes on dual use goods (including toothpaste, water purifying reagents, laboratory equipment[[184]](#footnote-185), radioisotopes used for the medical screening[[185]](#footnote-186)). Humanitarian actors, donors and financial institutions often do not have the expertise or the financial and human resources to navigate complex and interlinked sanctions regimes. These challenges have reportedly shifted humanitarian work from the “needs assessment” to “risk assessment”[[186]](#footnote-187).
4. Although food and medicine are generally exempted from sanctions, other restrictions may apply, including prohibitions to receive money from countries under sanctions, or to enter its sea or air space and to insure cargoes[[187]](#footnote-188), thus disrupting deliveries to the countries under sanctions[[188]](#footnote-189).
5. The Special Rapporteur refers to this year’s catastrophic earthquakes in Turkey and Syria in February 2023 as a picturesque example. Despite the universal recognition of the earthquake catastrophic impact and the decisions by the US[[189]](#footnote-190), EU[[190]](#footnote-191) and the UK[[191]](#footnote-192) to easy certain sanction-related restrictions imposed on Syria, by issuing special licenses to enable earthquake relief efforts. The Special Rapporteur expressed her concerns about the scope of these initiatives, their time-boundedness (180 days) and questioned their actual capacity to resolve the persisting problem of over-compliance with sanctions, which has often posed obstacles in the work of humanitarian actors in the country, or dispel any fear of possible transgression of unilateral sanctions regimes for engaging with the Government of Syria in the provision of life-saving assistance and rehabilitation of the destroyed infrastructure. Information received for the preparation of this report indicated that banks outside of Syria were still blocking Syria-related transactions, even after the earthquakes.[[192]](#footnote-193).
6. Existing challenges in the implementation of humanitarian exemptions and delivery of humanitarian aid affects also implementation of the relevant UN Security Council resolutions (2615(2021)[[193]](#footnote-194), 2664(2022)[[194]](#footnote-195)), and the upholding of the enshrined principles of humanity, neutrality, impartiality and interdependence. The Special Rapporteur notes with concern that documents adopted by sanctioning states and organizations may only allow for limited transfer of funds by United Nations and partner NGOs for humanitarian purposes[[195]](#footnote-196). Similar humanitarian challenges exist for Cuba[[196]](#footnote-197) under USA embargo which has been repeatedly condemned by international community as shown in the voting patterns of UN General Assembly resolutions.

 VII. Legal aspects

1. Obligation to promote and protect human rights including the right to health is usually understood as an obligation of the state of nationality or residence of individuals. The Special Rapporteur reiterates the State responsibility in this regard, within maximum of its available resources[[197]](#footnote-198), but she also emphases that this obligation has a universal character and prohibits violations of this right also extraterritorially. The UN Charter provides for the obligation of States to respect and observe human rights universally without any territorial limitation. Similar approach is reflected in preambles of ICESCR and CEDAW preamble, art. 1 of UNCRPD.
2. Paragraph 39 of the ICESCR General comment 14(2000) requests States parties “to respect the enjoyment of the right to health in other countries, and to prevent third parties from violating the right in other countries, if they are able to influence these third parties by way of legal or political means, in accordance with the Charter of the United Nations and applicable international law.”[[198]](#footnote-199)
3. Taking into account that many healthcare and social support programs depend on the availability of national resources, the Special Rapporteur believes that the use of unilateral sanctions resulting in the shrinking revenue of states constitutes a violation of the international law prohibition to deprive people of its own subsistence (ICESCR, preamble), and affects the degree of fulfillment of obligations under the relevant UN human rights treaties[[199]](#footnote-200).
4. Unilateral sanctions and over-compliance violate obligations of States to cooperate in the achievement of aims of the relevant human rights treaties, including international development programs, exchange and sharing of information, training and best practices, cooperation in research and enjoyment of the benefits of scientific knowledge and progress; facilitating access to and sharing technologies as well as transfer of technologies[[200]](#footnote-201).
5. Preventing procurement of medicines, innovative medical and adaptive equipment and devices for the people with disabilities; impossibility to get access to technical and medical knowledge due to the limited access to online platforms, databases and conferences by doctors and scholars, challenges faced by scientists in sanctioned countries to present and publish their research all constitute human rights violations, including under articles 4i, 32 of the UNCRPD, article 4d which calls on States parties “to refrain from engaging in any act or practice that is inconsistent with the present Convention”.
6. Unilateral sanctions and over-compliance by businesses including banks, pharmaceutical, transportation and insurance companies violate due diligence obligations of businesses and States who own or control them or in whose territory or jurisdiction these businesses are domiciled. Businesses are obliged to take measures to prevent any violation of human rights, at minimum those set forth in the Bill of Rights (the UN Declaration on Human Rights and the two Covenants) (paras. 11 – 13 of the Guiding Principles). States are obliged to take all necessary measures to ensure that the activity of private businesses under their jurisdiction and control is exercised in full conformity with human rights standards (paras. 3 – 6).[[201]](#footnote-202)
7. The Special Rapporteur echoes CESCR that prioritization of business interests and activities, over the obligation to respect human rights, absence of appropriate measures to prevent such violations, including extraterritorially, and failure to apply due diligence and exercise business activities’ human rights impact assessment, all constitute violations of the ICESCR.[[202]](#footnote-203).
8. She also believes that the use of the term “unintended” [[203]](#footnote-204) with regards to humanitarian consequences of unilateral sanctions is misleading and even dangerous as it might imply legitimacy of such measures. When unilateral sanctions are taken without or beyond authorization of the UN Security Council and do not correspond to the criteria of retortions and countermeasures, sanctioning States are responsible for ensuing violations of international law and for any negative consequences regardless of their intentions. States as subjects of international law and they cannot act unconsciously. Therefore, criteria of intention or guilt are not applicable.
9. The Special Rapporteur reiterates that unilateral sanctions and over-compliance impede implementation of occupational health standards, including “preventive measures in respect of occupational accidents and diseases; the requirement to ensure an adequate supply of safe and potable water and basic sanitation; the prevention and reduction of the population’s exposure to harmful substances such as radiation and harmful chemicals or other detrimental environmental conditions that directly or indirectly impact upon human rights; minimization, so far as is reasonably practicable, of the causes of health hazards inherent in the working environment; adequate housing and safe and hygienic working conditions, an adequate supply of food and proper nutrition”[[204]](#footnote-205), set forth in the ILO conventions and standards on occupational and health safety, including the Medical Care recommendation of 1944 (No. 69)[[205]](#footnote-206), C187 - Promotional Framework for Occupational Safety and Health Convention, 2006; C155 - Occupational Safety and Health Convention, 1981; C161 - Occupational Health Services Convention, 1985, Decent Work and the 2030 Agenda for the Sustainable Development[[206]](#footnote-207) and the 2008 ILO strategy towards universal access to the healthcare[[207]](#footnote-208).

 VIII. Conclusions and recommendations

 A. Conclusions

1. The world community is currently facing an expansion of various forms and types of unilateral sanctions applied to all sorts of governmental and non-governmental actors and economic sectors, as well as complexity of these regimes, threats of secondary sanctions, civil and criminal penalties for violation or circumvention, and a growing use of zero-risk policies and over-compliance by banks, producers of goods, delivery and insurance companies and other private actors.
2. Unilateral sanctions and over-compliance have a detrimental impact on implementation of all aspects of the right to health of all people in the countries under sanctions, including access to adequate medicine, healthcare facilities, medical equipment, access to qualified medical assistance, prevention and control of deceases, scarcity of health professionals, access to health facilities, training and access to up-to-date scientific knowledge, technologies, research, exchange of good practices. They also affect all relevant underlying rights: right to adequate food, freedom of movement, elimination of poverty, access to clean water and sanitation, electricity, fuel, economic and labor rights, right to a favorable environment. Women, girls, children, persons with disabilities, people suffering from rare and severe deceases, older persons, and socio-economically marginalized groups are the most vulnerable in the face of unilateral sanctions.
3. Growing mortality rates, reduced life expectancy, rising prevalence of physical and mental health conditions and disabilities due to lack of timely diagnosis and treatment, as well as growing physical and psychological suffering are only some of the serious tangible consequences, in violation of human rights such as the right to life, freedom from torture and inhuman treatment, and the principle of non-discrimination.
4. Imposition and implementation of unilateral sanctions and zero-risk policies violate numerous international treaty and customary obligations of States including obligation “… to promote universal respect for, and observance of, human rights and freedoms” in accordance with the UN Charter, provisions of ICESCR, CEDAW, UNCRPD, CRC, and many other including ILO conventions and standards on labor and occupational health safety. Such measures constitute unilateral coercive measures inadmissible under the international law and give rise for international responsibility of sanctioning States. Announced unintentional character of the impact of unilateral sanctions and over-compliance on the right to health, references to good intentions do not legitimize any such conduct. The burden of proof of the legality of any unilateral means of pressure lies with the States and organizations which impose them.
5. Impediments resulted from the use of unilateral sanctions and over-compliance with these measures prevents countries from any possibility to exercise fully their obligations to guarantee the right to health within all available resources due to the scarcity of such resources; reduces their capacity to establish a strong and reliable domestic health system and constitutes violation of the right to health by sanctioning States. Similar responsibility rises when States do not take all necessary measures to guarantee that businesses acting under their jurisdiction or control do not affect directly or indirectly the right to health.
6. Health-related humanitarian exemptions, exceptions and derogations are ineffective and inefficient due to the complicated, confusing and over-lapping sanctions legislation; complex and unclear license application procedures; uncertainty about potential criminal and civil liability for possible circumvention of sanctions’ regimes; uncertainty around the scope of “humanitarian assistance”; financial and other operational restrictions as a result of designation of financial institutions of sanctioned countries and the freezing of their assets, international payments disruptions, challenges in transportation and insurance of humanitarian goods.

 B. Recommendations

1. Sanctioning states and regional organisations shall review measures taken without or beyond authorization of the UN Security Council, and to lift those, which do not fit criteria of retortions or counter-measures in full conformity with standards and limitations of the law of international responsibility, as constituting unilateral coercive measures. Humanitarian concerns shall always be taken into account by States when deciding on the imposition of any unilateral measures, including countermeasures (humanitarian precaution), as well as in the course of their application.
2. Unilateral sanctions shall never affect functioning of critical infrastructure relevant to healthcare, food, agriculture, electricity, water supply, irrigation, sanitation, seeds and fertilizers, all of which are necessary for the survival and well-being of populations.
3. States are obliged to take all possible legislative, institutional and administrative measures to avoid and minimize over-compliance and to ensure that activity of private businesses under their jurisdiction and control does not violate the right to health and other human rights extraterritorially. Non-fulfillment of this obligation can be used as a grounds for raising responsibility of relevant States for violations of treaty obligations to protect the right to health.
4. Businesses shall avoid zero-risk policies and over-compliance which are incompatible with their obligations under the Guiding principles on Business and Human Rights framework, especially regarding medicine, vaccines, medical equipment and spare parts and other goods necessary for the provision of health-related services and support to critical infrastructure.
5. Procurement and delivery of medicine, vaccines, medical equipment, food, spare parts, software, baby formulas, equipment and goods necessary to guarantee adequate access to clean water and sanitation shall not be dependent on any licensing procedure. Pharmaceutical, medical equipment, transportation, insurance and other companies, donors, humanitarian organizations shall not be subjected to any type of punishment, restrictions or reputational risks for their efforts to deliver goods vital to ensure the right to health.
6. States under unilateral sanctions are recommended to provide detailed information on all types of sanctions- and over-compliance-induced challenges in their engagement with all relevant UN entities and mechanisms, including WHO, ILO, UNESCO, UPR, treaty bodies reports and Special Procedures.
7. WHO shall take the lead in the monitoring of the unhindered delivery of medicine, medical equipment, vaccines, consumables, spare parts and reagents, as well as health-related goods which may be qualified as dual use.
8. WHO is invited to launch a special study on the impact of unilateral sanctions and over-compliance on the right to health in the countries under sanctions with particular focus on persons in vulnerable situations, including women, children, older persons, persons with disabilities, and those suffering from rare and severe deceases.
9. UN treaty bodies should:

(a) include in their engagement with State parties the assessment of the impact of unilateral sanctions on the right to health;

(b) prepare the analysis and provide their expert opinion on the impact of UCMs on the relevant issues within the General comments;

(c) assess the impact of unilateral sanction on the ability of states under sanctions to effectively respond to their obligations under the provisions of the treaties;

1. The ILO should:

(a) In line with its mandate, monitor the impact of unilateral sanctions on the ability of the States under sanctions to fulfill their international obligations under the ILO conventions, recommendations and strategies on the decent work, green jobs, social, occupational and health safety;

(b) Consider the possibility of launching an investigation on the impact of unilateral sanctions on the ability of States under sanctions to fulfill their obligations under the ILO conventions as regards to standards of decent work, green jobs, social, occupational and health safety, and assess the policies of sanctioning States, as well as instances of over-compliance by businesses and the financial sector.

1. Humanitarian organizations and agencies shall neither be designated and subjected to civil and criminal penalties for doing their humanitarian work, especially in life-threatening situations, in accordance with principles of humanity, neutrality, impartiality and non-discrimination, nor being obliged to bear the burden of proof and risks of sanctions regulations.
2. States are invited to engage in international adjudication, use of competent international quasi-judicial and human rights bodies as a means of dispute settlement, human rights protection, responsibility and redress in sanctions’ cases.
3. Taking into account that unilateral sanctions affect the ability of States to effectively respond to contemporary threats and challenges and affect all categories of human rights, the Special Rapporteur calls for the inclusion of legality assessment and humanitarian impact of unilateral sanctions in the agenda of all UN organs and specialized agencies including OHCHR, WHO, UNICEF, UNFPA, WFP, OCHA, UNHCR, ILO, UNESCO and ICAO, among others.
4. Sanctions implemented with authorization of the UN Security Council shall be implemented in full conformity with limitations of the UN SC authorisation, with due account for peoples’ humanitarian needs. Humanitarian resolutions of the UN Security Council shall be fully respected and implemented by all States. No reference to unilateral sanctions can be used to justify non-fulfilment of the UN Security Council humanitarian resolutions.
5. The Special Rapporteur notes the important role of international and local civil society organisations in providing humanitarian assistance and life-saving services especially to all those in vulnerable situations in countries under sanctions. Any discussions about the humanitarian situations in countries under sanctions should be inclusive and allow for the participation of all relevant stakeholders, including both international and local civil society actors.

1. \* The present report was submitted after the deadline in order to reflect the most recent developments [↑](#footnote-ref-2)
2. [A/75/209](https://www.undocs.org/en/A/75/209) [↑](#footnote-ref-3)
3. ICESCR <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights>. [↑](#footnote-ref-4)
4. E/C.12/2000/4. [↑](#footnote-ref-5)
5. <https://www.ohchr.org/en/calls-for-input/2023/call-input-2023-thematic-reports-un-human-rights-council-and-un-general>. [↑](#footnote-ref-6)
6. <https://www.ohchr.org/en/events/events/2023/side-event-impact-ucms-right-development-and-implementation-sustainable>. [↑](#footnote-ref-7)
7. See <https://www.ohchr.org/en/special-procedures/sr-unilateral-coercive-measures/activities>. [↑](#footnote-ref-8)
8. General comment 14(2000), para. 41. [↑](#footnote-ref-9)
9. CESCR, E/C.12/1997/8, paras. 3–5. [↑](#footnote-ref-10)
10. EU submission. [↑](#footnote-ref-11)
11. [A/75/209](https://www.undocs.org/en/A/75/209),paras. 37-38, 49-57; Submission by Syria. [↑](#footnote-ref-12)
12. Submission by Iran; Submission by Venezuela. [↑](#footnote-ref-13)
13. Submission by Iran. [↑](#footnote-ref-14)
14. https://www.hrw.org/report/2019/10/29/maximum-pressure/us-economic-sanctions-harm- iranians-right-health. [↑](#footnote-ref-15)
15. Iran visit report, [A/HRC/51/33/Add.1](https://undocs.org/A/HRC/51/33/Add.1), para. 28. [↑](#footnote-ref-16)
16. [AL SWE 4/2022](https://spcommreports.ohchr.org/TMResultsBase/DownLoadPublicCommunicationFile?gId=27591); [AL OTH 95/2022](https://spcommreports.ohchr.org/TMResultsBase/DownLoadPublicCommunicationFile?gId=27592). [↑](#footnote-ref-17)
17. Joint statement, <https://www.ohchr.org/en/press-releases/2023/02/iran-over-compliance-unilateral-sanctions-affects-thalassemia-patients-say>; Submission by Iran. [↑](#footnote-ref-18)
18. Syria visit report, A/HRC/54/23/Add.1, para. 4.3 [↑](#footnote-ref-19)
19. Submission by Syria; <https://www.reuters.com/article/us-mideast-crisis-syria-sanctions-idUSKBN16M1UW>; Syria country visit report, para. 43. [↑](#footnote-ref-20)
20. ODVV submission; Minnesota university students submission; Armenia submission, PCHR submission; Submission by Iran; Submission by Venezuela. [↑](#footnote-ref-21)
21. Venezuela visit report, [A/HRC/48/59/Add.2](https://undocs.org/A/HRC/48/59/Add.2), para. 38-39; Submission by Venezuela. [↑](#footnote-ref-22)
22. Zimbabwe visit report, [A/HRC/51/33/Add.2](https://undocs.org/A/HRC/51/33/Add.2), para. 38. [↑](#footnote-ref-23)
23. Submission by Belarus. [↑](#footnote-ref-24)
24. Cuban Association of Paediatrics submission. [↑](#footnote-ref-25)
25. Academic visit to Cuba, May 2023. [↑](#footnote-ref-26)
26. Sociedad Cubana de Cardiologia submission; PROSALUD submission. [↑](#footnote-ref-27)
27. Garfield R. The Public Health Impact of Sanctions: Contrasting Responses of Iraq and Cuba. [↑](#footnote-ref-28)
28. A/HRC/54/23/Add.1, para. 43, 46; Kasturi, S., Al Faisal W., Alsaleh Y., Syria: The Impact of Sanctions on Public Health; Submission of Syria. [↑](#footnote-ref-29)
29. Zoë Pelter, Camila Teixeira, Erica Moret, Sanctions and their impact on Children. Discussion paper, UNICEF, 2022 <https://www.unicef.org/globalinsight/media/2531/file/%20UNICEF-Global-Insight-Sanctions-and-Children-2022.pdf>; OXFAM, [*Right to Live without a Blockade : Impact of the US sanctions on the Cuban population and women’s rights*](https://webassets.oxfamamerica.org/media/documents/bp-cuba-blockade-women-250521-en.pdf)*, 2021.*  [↑](#footnote-ref-30)
30. [USA 23/2021](https://spcommreports.ohchr.org/TMResultsBase/DownLoadPublicCommunicationFile?gId=26508); [A/HRC/48/59/Add.2](https://undocs.org/A/HRC/48/59/Add.2), Para. 47. [↑](#footnote-ref-31)
31. Submission by Iran. [↑](#footnote-ref-32)
32. Pelter, Teixeira, Moret, *op. cit.* [↑](#footnote-ref-33)
33. Belarus submission; Iran submission; Dr. Ahmed Zarzour submission; Chinese submission. [↑](#footnote-ref-34)
34. <https://www.reuters.com/article/us-mideast-crisis-syria-sanctions-idUSKBN16M1UW>. [↑](#footnote-ref-35)
35. CSO information; Syria country visit report, para. 44. [↑](#footnote-ref-36)
36. Syrian Government information. [↑](#footnote-ref-37)
37. Information received during the country visit to Syria in 2022. [↑](#footnote-ref-38)
38. A/HRC/54/23/Add.1, para. 46. [↑](#footnote-ref-39)
39. [A/HRC/48/59/Add.2](https://undocs.org/A/HRC/48/59/Add.2), para. 46. [↑](#footnote-ref-40)
40. [AL SWE 4/2022](https://spcommreports.ohchr.org/TMResultsBase/DownLoadPublicCommunicationFile?gId=27591); [AL OTH 95/2022](https://spcommreports.ohchr.org/TMResultsBase/DownLoadPublicCommunicationFile?gId=27592). [↑](#footnote-ref-41)
41. <https://www.ohchr.org/en/press-releases/2023/02/iran-over-compliance-unilateral-sanctions-affects-thalassemia-patients-say>; [AL OTH 95/2022](https://spcommreports.ohchr.org/TMResultsBase/DownLoadPublicCommunicationFile?gId=27592), [AL OTH 134/2022](https://spcommreports.ohchr.org/TMResultsBase/DownLoadPublicCommunicationFile?gId=27800), [AL OTH 135/2022](https://spcommreports.ohchr.org/TMResultsBase/DownLoadPublicCommunicationFile?gId=27801). [↑](#footnote-ref-42)
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