



Submission to the Special Rapporteur on Unilateral Coercive Measures

Unilateral Coercive Measures and the Right to Health

Sexual Rights Initiative

March 2023

I. Introduction

1. The Sexual Rights Initiative¹ welcomes the opportunity to make inputs to the Special Rapporteur's upcoming report on unilateral coercive measures and the right to health. While this submission primarily addresses the impacts of unilateral coercive measures, which is the scope of the upcoming report, we do not want to imply that multilateral economic sanctions do not have harmful impacts or deserve human rights scrutiny. In fact, recent research has found UN sanctions to lead to a more severe reduction in life expectancy than US sanctions.² The submission makes the following recommendations, detailed in the sections below:
 - a. Recommendation 1: Expose unilateral sanctions as forms of economic and racial injustice and imperial domination. This includes locating sanctions within the broader racially and economically discriminatory international economic order, and putting forward a class analysis of the poverty and other human rights violations caused and compounded by sanctions.
 - b. Recommendation 2: Challenge selective attention and scrutiny, and call for accountability from sanctioning states for the rights violations resulting from their sanctions in targeted states.
 - c. Recommendation 3: Take a comprehensive and intersectional approach to the impact of sanctions on the right to health, including health determinants, health systems, non-

¹ The Sexual Rights Initiative is a coalition of national and regional organizations based in Canada, Poland, India, Egypt, Argentina and South Africa, that work together to advance human rights related to sexuality at the United Nations. For more information about the Sexual Rights Initiative, please visit <http://www.sexualrightsinitiative.com/>

² Jerg Gutmann, Matthias Neuenkirch, Florian Neumeier. "Sanctioned to Death? The Impact of Economic Sanctions on Life Expectancy and its Gender Gap." CESifo, 2019. Page 27. <https://www.cesifo.org/en/publications/2019/working-paper/sanctioned-death-impact-economic-sanctions-life-expectancy-and-its>

discrimination, and maximum available resources. As part of this, examine sanctions as social determinants of health and their racialized, gendered, and classed impacts at the national level.

- d. Recommendation 4: Affirm the incompatibility of unilateral sanctions with sexual and reproductive health and rights and bodily autonomy, as illustrated by maternal mortality and morbidity.
- e. Recommendation 5: Encourage and collaborate with other human rights bodies to systematically include unilateral sanctions in their thematic and country-specific human rights analysis of both sanctioning and sanctioned countries

II. Recommendation 1: Expose unilateral sanctions as forms of economic and racial injustice, imperial domination and a violation of the right to development. This includes locating sanctions within the broader racially and economically discriminatory international economic order, and putting forward a class analysis of the poverty and other human rights violations caused and compounded by sanctions.

A. Sanctions as economic injustice, violence and discrimination

- 2. The dismissal of the economic coercion and violence of sanctions as a ‘lesser,’ ‘softer’ or less lethal form of violence than military action must be challenged. As pointed out by health professionals³ and the previous Special Rapporteur, “sanctions amount to economic warfare against civilians” and under them, “people also die but from lack of food and medicine, rather than from explosive devices. This form of warfare that relies on starvation and disease deserves the same concern from the international community as any other conflict.”⁴
- 3. The discrimination inherent in unilateral sanctions is a clear violation of the rights to equality and non-discrimination, as also reasserted by the Special Rapporteur: “existing and operational unilateral sanctions, which are imposed against about 20 percent of States Members of the United Nations, [...] discriminate against populations of targeted countries.”⁵
- 4. There is no room for powerful sanctioning countries to claim that they do not know the impact of their sanctions on affected populations, or that that impact is “inadvertent.”⁶ Rather,

³ Choonara Imti et al. “Economic Sanctions on Countries Are Indiscriminate Weapons and Should Be Banned.” *Bmj Paediatrics Open* 2021. <https://doi.org/10.1136/bmjpo-2021-001350>.

⁴ “Civilians caught in sanctions crossfire need Geneva Convention protection, says UN expert.” 8 November 2018. <https://www.ohchr.org/en/press-releases/2018/11/civilians-caught-sanctions-crossfire-need-geneva-convention-protection-says?LangID=E&NewsID=23847>

⁵ Report of the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights, Alena Douhan: Negative impact of unilateral coercive measures on the enjoyment of human rights in the coronavirus disease pandemic. *A/75/209*, 21 July 2020. Para. 59.

⁶ While A. Cooper Drury and Dursun Peksen wrote in their 2012 research showing the negative impacts of economic sanctions on women’s rights that “[t]he focus on women provides information on how the US and other major countries using economic coercion might inadvertently worsen a nation’s treatment of women,” that claim of inadvertence is difficult to maintain in view

“economically powerful states... continue imposing unilateral measures despite the various calls by the UN and other bodies to cease this practice”⁷ and with full knowledge of their devastating consequences, including on the rights to life⁸ and health, and reduced life expectancy.⁹

5. The frequent dismissal of the impacts of sanctions on human rights is also enabled by a context of reluctance by powerful states and much of the UN human rights system to engage with class and economic injustice, and to treat poverty as a human rights violation.¹⁰ The dismissal of sanctions as a ‘lesser’ form of violence is enabled by the longstanding privileging by international human rights law and actors of civil and political rights over economic, social and cultural rights and resource distribution. It is part and parcel of a patriarchal system positioning civil and political rights as the “real” human rights - and their violations, expressed in narrow (overwhelmingly male) terms, as the “real” human rights violations deserving of scrutiny.¹¹ It is also indicative of a broader Northern commitment to a racially and economically discriminatory status quo.¹² Finally, positioning economic sanctions outside of the use of force overlooks not only their economic and social impacts, but also the resulting increased securitization and militarization of targeted countries in reaction to their weakening economic power, which also affects the right to health.
6. Therefore, we also encourage the Special Rapporteur to put forward a class analysis of the poverty and other human rights violations caused and compounded by sanctions. As outlined in a joint submission by SRI, AWID and IWRAW AP to the Working Group on discrimination against women

of the many documented impacts over the past decades. (“Drury A. Cooper and Dursun Peksen. “Women and Economic Statecraft: The Negative Impact of International Economic Sanctions Visit on Women.” *European Journal of International Relations* 2014 pp. 463–490. <https://doi.org/10.1177/1354066112448200>,” page 483).

⁷ Beaucillon Charlotte. *Research Handbook on Unilateral and Extraterritorial Sanctions*. Edward Elgar Publishing 2021. Page 53.

⁸ Report of the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights, Alena Douhan: Negative impact of unilateral coercive measures on the enjoyment of human rights in the coronavirus disease pandemic. [A/75/209](https://www.ohchr.org/en/docid/475209.pdf), 21 July 2020. Paras 66-67.

⁹ Jerg Gutmann, Matthias Neuenkirch, Florian Neumeier. “Sanctioned to Death? The Impact of Economic Sanctions on Life Expectancy and its Gender Gap.” CESifo, 2019. Pages 27-28.

¹⁰ As outlined in a joint submission with AWID and IWRAW AP to the Working Group on discrimination against women and girls, “[a] deeper and more systematic engagement with class and class-based discrimination is necessary... [T]he broader UN human rights system [...] has occasionally but insufficiently named and engaged with class, despite its severe and wide-ranging impacts.” Sexual Rights Initiative, International Women’s Rights Action Watch Asia Pacific and the Association for Women’s Rights in Development: Joint submission to the Working Group on Discrimination against Women and Girls for its report on “Human Security of Women and Girls in the Context of Poverty and Inequality.” October 2022.

<https://www.sexualrightsinitiative.org/resources/joint-submission-working-group-discrimination-against-women-and-girls-poverty-and>, para. 4. See also See for instance the section “Linguistic lenses that can obscure the plight of the poor” in Report of the Special Rapporteur on extreme poverty and human rights, [A/72/502](https://www.ohchr.org/en/docid/472502.pdf), 2017, including para. 56; Report of the Special Rapporteur on extreme poverty and human rights, Philip Alston: Extreme inequality and human rights. [A/HRC/29/31](https://www.ohchr.org/en/docid/472502.pdf), 2015, para. 55; Raymond A. Atuguba: “Equality, non-discrimination and fair distribution of the benefits of development.” Chapter 7 in *Realizing the Right to Development*. OHCHR ebook, 2013.

<https://www.ohchr.org/sites/default/files/Documents/Issues/Development/RTDBook/PartIIChapter7.pdf>, pages 110-111.

¹¹ See for instance Parisi, L. Feminist Perspectives on Human Rights. *Oxford Research Encyclopedia of International Studies*.

<https://oxfordre.com/internationalstudies/view/10.1093/acrefore/9780190846626.001.0001/acrefore-9780190846626-e-48>

¹² Report of the Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance, E. Tendayi Achiume: 2030 Agenda for Sustainable Development, the Sustainable Development Goals and the fight against racial discrimination. [A/HRC/50/60](https://www.ohchr.org/en/docid/475209.pdf), 2022, para. 88.

and girls,¹³ such an analysis articulates poverty not as the result of individual attributes,¹⁴ or as an “unfortunate by-product” of a certain system, but rather as an inherent feature of a society economically structured around class and exploitation by powerful actors invested in maintaining poverty,¹⁵ which is an essential condition for the realization of their interests.¹⁶ This also means that analyses of poverty on the international stage must recognize the central historical and contemporary role of colonial exploitation, extraction and impoverishment of the Global South in the construction of ‘welfare states’ in the north,¹⁷ and the vested interest of Northern states in maintaining an unjust and discriminatory economic status quo.¹⁸

7. The impact of structural violence, such as economic oppression, on the right to health has been increasingly recognized, including by the Special Rapporteur on the right to health.¹⁹ We encourage the Special Rapporteur to name unilateral sanctions not only as social determinants of health, as detailed below, but as a form of structural violence.²⁰

¹³ Sexual Rights Initiative, International Women’s Rights Action Watch Asia Pacific and the Association for Women’s Rights in Development: Joint submission to the Working Group on Discrimination against Women and Girls for its report on “Human Security of Women and Girls in the Context of Poverty and Inequality.” October 2022.

<https://www.sexualrightsinitiative.org/resources/joint-submission-working-group-discrimination-against-women-and-girls-poverty-and>, para. 6.

¹⁴ The Special Rapporteur on extreme poverty has pointed to “meritocracy” as a common but inadequate response to classism. Report of the Special Rapporteur on extreme poverty, focusing on the persistence of poverty: how real equality can break the vicious cycles (2021), A/76/177, paras 56-60.

¹⁵ Wright, Erik Olin. “The class analysis of poverty.” *International Journal of Health Services*, vol. 25, no. 1, 1995, pp. 85–100. JSTOR, <http://www.jstor.org/stable/45130193>, pages 85, 90.

¹⁶ *Ibid.*, page 90.

¹⁷ As Jessica Whyte’s account of the allied history of neoliberalism, colonialism and human rights puts it, “[i]t was Kwame Nkrumah who grasped most clearly that the colonies were not simply an exception to the extension of social welfare and rights. Colonial exploitation, he argued, constituted the condition of possibility for economic rights in the metropolis. [...] The colonies were not simply latecomers to the welfare world. If there was no ‘rights cascade’ when it came to social and economic rights, this was, not least, because the exploitation of the colonies made these rights possible in the metropolis.” Whyte, Jessica. *The Morals of the Market: Human Rights and the Rise of Neoliberalism*. London: Verso, 2019. Pages 121-122.

¹⁸ Report of the Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance, E. Tendayi Achiume: 2030 Agenda for Sustainable Development, the Sustainable Development Goals and the fight against racial discrimination. A/HRC/50/60, 2022, para. 88.

See also Sexual Rights Initiative, International Women’s Rights Action Watch Asia Pacific and the Association for Women’s Rights in Development: Joint submission to the Working Group on Discrimination against Women and Girls for its report on “Human Security of Women and Girls in the Context of Poverty and Inequality.” October 2022. <https://www.sexualrightsinitiative.org/resources/joint-submission-working-group-discrimination-against-women-and-girls-poverty-and>, para. 25.

¹⁹ Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health: Violence and its impact on the right to health (2022). A/HRC/50/28, paras 68-71.

²⁰ Going one step further than health determinants, the framing of structural violence applied to the health sector has been found to surface “the deep structural roots of health inequities; in contrast to the more passive term “social determinants of health,” structural violence explicitly identifies social, economic, and political systems as the causes of the causes of poor health. It is also evocative in its framing of health inequities as an act of violence.” De Maio F, Ansell D. “As Natural as the Air Around Us”: On the Origin and Development of the Concept of Structural Violence in Health Research. *Int J Health Serv*. 2018 Oct;48(4):749-759. <https://pubmed.ncbi.nlm.nih.gov/30092699/>

B. Sanctions as racial injustice

8. Economic coercion and discrimination is often racialized,²¹ including at the international level. The dimension of economic and racial discrimination between countries - and the corresponding scrutiny on northern, wealthy countries benefiting from and enforcing that discrimination - must be part of the analysis of sanctions, discrimination and the right to health, as the Special Rapporteur on the right to health,²² the CERD Committee,²³ the Working Group of experts on people of African descent²⁴ and the Special Rapporteur on racism²⁵ have also shown throughout their work.

C. Sanctions as imperial and neo-colonial domination

9. Unilateral sanctions have been used by former colonial and neo-colonial powers as a tool of economic force and coercion, expanding their jurisdiction abroad,²⁶ and collective punishment²⁷ of entire populations in the Global South to advance foreign policy objectives, without any access to justice or accountability for those impacted.²⁸ As highlighted by the Special Rapporteur, “[the magnitude of the] United States, the European Union and the United Kingdom of Great Britain and Northern Ireland[s’] economic power and their extensive trade relations and financial integration with the rest of the world give them considerable coercive leverage when using sanctions to achieve foreign policy objectives.”²⁹ It is no coincidence that these countries are also the main beneficiaries of colonialism, slavery and racial discrimination at the global level, for which they continue refusing to provide reparations.³⁰

²¹ As the Special Rapporteur on Racism has noted, in many contexts, “class discrimination is also racial discrimination.” Report of the Special Rapporteur on racism, focusing on racial discrimination and emerging digital technologies (2020), A/HRC/44/57, para. 41.

²² Report by the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health: Racism and the right to health. [A/77/197](#), 2022, para. 63.

²³ Committee on the Elimination of Racial Discrimination: Statement on the lack of equitable and non-discriminatory access to COVID-19 vaccines (April 2022)

https://tbinternet.ohchr.org/Treaties/CERD/Shared%20Documents/1_Global/INT_CERD_SWA_9548_E.pdf

²⁴ Report of the Working Group of Experts on People of African Descent: The urgency of now: systemic racism and the opportunities of 2021, A/76/302, <https://undocs.org/A/76/302>, paras 33-34.

²⁵ Report of the Special Rapporteur on racism, <https://undocs.org/A/74/321>, paras 7-8, 26; Report of the Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance on ecological crisis climate justice and racial justice (2022), [A/77/2990](#), para. 78.

²⁶ “United States: Efforts to use sanctions to expand jurisdiction abroad violate human rights, says UN expert.” 9 March 2023. <https://www.ohchr.org/en/press-releases/2023/03/united-states-efforts-use-sanctions-expand-jurisdiction-abroad-violate-human>

²⁷ “Civilians suffering due to sanctions must be spared ‘collective punishment’ urges UN rights expert.” UN News, 8 November 2018. <https://news.un.org/en/story/2018/11/1025201>

²⁸ Beaucillon Charlotte. *Research Handbook on Unilateral and Extraterritorial Sanctions*. Edward Elgar Publishing 2021. Page 403.

²⁹ Report of the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights, Alena Douhan: Negative impact of unilateral coercive measures on the enjoyment of human rights in the coronavirus disease pandemic. [A/75/209](#), 21 July 2020. Para. 14.

³⁰ See the Report of the Special Rapporteur on racism on the human rights obligations of Member States in relation to reparations for racial discrimination rooted in slavery and colonialism, [A/74/321](#), 2019, in which she states: “Ultimately, the

10. While human rights are violated in the process, they are often invoked among the justifications. However, as highlighted by Davis and Ness in their book on the United States' use of sanctions, "these sanctions have often been leveled at states that challenged global neoliberalism, the world economic system imposed by the US and its Western European partners. Specifically, challenges to the global neoliberal order and American hegemony are national redistributive policies, tariffs on free trade, and currency controls. States daring to violate American neoliberal policies would be subject to severe penalties from US-dominated multilateral agencies that would destabilize national currencies and drive economies into economic depression. Financial tools applied by the US and leading capitalist powers have been instrumental in pushing "rogue" nations into submission to neoliberal rule."³¹ Additionally, as in the case of the measures imposed on Zimbabwe, sanctions have been used as a punitive measure for attempts to address economic inequalities that are the result of colonialism, namely through the Fast Track Land Reform Programme. This punitive sanctioning could also be read as a strategy to discourage other former settler colonies in the region from using redistribution programs as a facet of decolonization.

11. In this sense, sanctions are often deployed to impose human rights-adverse neoliberal policies abroad, which themselves have wide-ranging negative implications for the right to health.³²

12. This continuing commitment to economic coercion and oppression, overwhelmingly directed by Global North states targeting Global South populations, regardless of the consequences, is rooted in a colonial dismissal of racialized people's rights and lives as expendable. While the following statement by the Special Rapporteur on racism addressed the resistance to a TRIPS waiver from high-income countries, it can also be applied to the context of unilateral sanctions: "The monopolised authority of "developed" nations to select and dictate the terms of "who is worth saving" cannot be decoupled from its colonial origins,"³³ as also recognized by the CERD Committee.³⁴

difficult truth is that the greatest barrier to reparations for colonialism and slavery is that the biggest beneficiaries of both lack the political will and moral courage to pursue such reparations." (para. 15).

³¹ Davis Stuart H and Immanuel Ness. *Sanctions As War: Anti-Imperialist Perspectives on American Geo-Economic Strategy*. Brill 2022. Pages 1-2.

³² Please see the joint submission made to the CERD Committee for the elaboration of its General Recommendation 37 on the right to health, which outlines how capitalist and neoliberal approaches to health and human rights are harmful to the right to health, and invariably racist and discriminatory in effect. Joint submission by the Sexual Rights Initiative, the National Council of Women Leaders (NCWL), the Dalit Human Rights Defenders Network (DHRDNet), the International Dalit Solidarity Network (IDSN), AWID, Her Rights Initiative (HRI) and Alisa Lombard (July 2022), available at <https://www.sexualrightsinitiative.org/resources/submission-committee-elimination-racial-discrimination-racial-discrimination-and-right>

³³ Report of the Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance, E. Tendayi Achiume: 2030 Agenda for Sustainable Development, the Sustainable Development Goals and the fight against racial discrimination. [A/HRC/50/60](#), 2022, para. 10.

³⁴ CERD Statement 2 (2022) on the lack of equitable and non-discriminatory access to COVID-19 vaccines.

13. We therefore encourage the Special Rapporteur to engage with the analysis of unilateral sanctions as a tool of imperial and (neo-)colonial control and violence, as several activists, scholars, and many Global South states have done, including under the Non-Aligned Movement.³⁵

D. Sanctions as a violation of the right to development

14. We encourage the Special Rapporteur to elaborate on her previous analysis of sanctions as violations of the right to development, as they “make it harder for entire populations to stay healthy and hamper the transportation of goods needed for economic development.”³⁶ The Expert Mechanism on the Right to Development has also questioned the humanitarian impacts of sanctions³⁷ and their repercussions on inequalities within and between countries.³⁸
15. Under article 3 of the Declaration on the Right to Development, all States have an obligation to cooperate with each other in ensuring development, in eliminating obstacles to development, and in promoting a new international economic order based on inter alia mutual interest and cooperation among all States. Thus all member states of the United Nations, are jointly liable for the respect, protection, and fulfillment of the right to development, including through not introducing encumbrances to development such as unilateral coercive measures and the legal and policy measures that make secondary sanctions so ubiquitous. Indeed all states share an obligation under article 4 to promote the rapid development of developing countries - through allowing them access to appropriate means including funding from international financial institutions, direct investment, and through the exercise of their inalienable right to full sovereignty over all natural wealth and resources (as per article 2). Additionally, states have an obligation under article 4 to provide access to facilities for development including through technological transfer, and to complement the efforts of developing countries, not hinder them -

³⁵ See for instance Chapter three: Embargo-as-imperial in Lewis Thea. “The Peaceful Deadly Violence of Embargo: Denaturalizing Hegemonic Discourses in International Relations Theory.” University of Victoria 2019. https://dspace.library.uvic.ca/bitstream/handle/1828/11462/Lewis_Thea_MA_2019.pdf?sequence=1&isAllowed=y; Hofer Alexandra. “The Developed/Developing Divide on Unilateral Coercive Measures: Legitimate Enforcement or Illegitimate Intervention?” *Chinese Journal of International Law* 2017 pp. 175–214. <https://doi.org/10.1093/chinesejil/jmx018>; Beaucillon Charlotte. *Research Handbook on Unilateral and Extraterritorial Sanctions*. Edward Elgar Publishing 2021. Page 53; 1997). Regarding TWAIL approaches to sanctions please see Mutua Makau. “What Is TWAIL?” *Proceedings of the annual meeting of the American Society of International Law*, vol. 94 (2000), page 37 and footnote 38, and the upcoming Symposium on TWAIL & Economic Sanctions to be held on 5 April 2023, which notes that “[w]hile economic sanctions are often portrayed as a legitimate and effective response to international law violations, the legal, political, and economic impacts remain contested. Sanctions are deeply implicated in the global political economy and relate intimately to questions of imperialism.” <https://lpeproject.org/events/symposium-on-twail-economic-sanctions/>

See also the Sexual Rights Initiative statement during the interactive dialogue with the Special Rapporteur on unilateral coercive measures at the 45th session of the Human Rights Council (September 2020):

<https://www.sexualrightsinitiative.org/resources/hrc-45-statement-unilateral-coercive-measures>

³⁶ “Unilateral sanctions impinge on right to development - UN experts.” 11 August 2021.

<https://www.ohchr.org/en/press-releases/2021/08/unilateral-sanctions-impinge-right-development-un-experts>

³⁷ Fifth Session of the Expert Mechanism on the Right to Development: Concluding remarks by Mr. Koen De Feyter, Chair. 11 March 2022.

<https://www.ohchr.org/en/statements/2022/03/fifth-session-emrtd-concluding-remarks-mr-koen-de-feyter-chair>

³⁸ Ongoing studies by the Expert Mechanism on the Right to Development: Inequalities and the right to development. 31 October 2022. <https://www.ohchr.org/en/documents/ongoing-studies/inequalities-and-right-development>

and certainly not contribute to underdevelopment, rapid deindustrialisation and informalisation of developing countries as seen in Zimbabwe which now has the second largest informal economy in the world as a percentage of the total economy.³⁹

16. The right to development is inextricably intertwined with, and indeed is materially a precondition for the fulfillment of a range of other rights, as a means of creating an enabling environment for their fulfillment, including the right to health and the right to benefit from scientific progress and its application. This was clearly evidenced through the COVID pandemic, and the further collapse of health systems in sanctioned countries such as Syria, Venezuela, Iran, and Zimbabwe, and the refusal of Global North states to not only lift unilateral coercive measures, but to share vaccines and technology, and indeed to adopt the TRIPS waiver as originally tabled by India and South Africa.

III. Recommendation 2: Challenge selective attention and scrutiny, and call for accountability from sanctioning states for the rights violations resulting from their sanctions in targeted states

17. Sanctions and their human rights impacts tend to receive international attention primarily when the resulting suffering is perceived by external actors to be “extreme,” such as in the context of humanitarian and other crises, or when their impacts are perceived as a threat to other populations, rather than be the object of consistent human rights scrutiny and attention by powerful States, institutions and actors.
18. One illustration of this is the recent attention surrounding the terrible and deadly impacts of sanctions in the context of the earthquake response in Syria⁴⁰ and in the context of the COVID-19 pandemic. Such crisis moments only serve to highlight the devastating and longstanding impacts of sanctions, even before and after they receive international attention in the context of a disaster, conflict, pandemic or other crisis. After all, as the Special Rapporteur has underscored, “in the course of the COVID-19 pandemic, unilateral sanctions affect the same human rights that are affected in other periods.”⁴¹ Sanctions impact States’ ability to build a public health system equipped to face crises; therefore, while calls to lift sanctions in the face of crises are essential, they fall short in that by that point, health systems will have already been crushed by years or decades of economic hardship.

³⁹ UNDP: “Loading: Data-driven analysis of informal market and food supply chains in Zimbabwe.” 1 October 2020.

<https://www.undp.org/zimbabwe/blog/loading-data-driven-analysis-informal-market-and-food-supply-chains-zimbabwe>

⁴⁰ See for instance “Genuine solidarity with earthquake survivors calls for lifting of sanction-induced restrictions: UN experts.” 10 February 2023.

<https://www.ohchr.org/en/statements/2023/02/genuine-solidarity-earthquake-survivors-calls-lifting-sanction-induced>; “Aid to quake-hit Syria slowed by sanctions, war’s divisions.” AP News, 8 February 2023.

<https://apnews.com/article/politics-syria-government-united-states-bashar-assad-e1bd001643fd8386e8ccb1fcd2a922f3>

⁴¹ Report of the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights, Alena Douhan: Negative impact of unilateral coercive measures on the enjoyment of human rights in the coronavirus disease pandemic. [A/75/209](#), 21 July 2020. Para. 47.

19. In that sense, the discourse surrounding sanctions can be compared to other instances of racial discrimination, in that the human rights framework tends to focus on so-called ‘extreme’ instances and individual prejudice rather than on the ubiquity of histories and present of racial oppression. As the Special Rapporteur on racism has stated, “[a]lthough influential actors within the global human rights system have raised the alarm against visceral expressions or acts of racism and xenophobia, these actors fail seriously to engage with the historically entrenched structures of racial oppression, exploitation and exclusion that violate the human rights of many but are largely invisible even in the global human rights discourse.”⁴² Similarly, it is important to name and examine the colonial and racist histories that have resulted in powerful States’ ability to coerce others with impunity through unilateral sanctions designed to advance their own foreign policy objectives, without real regard for the suffering caused to their populations.
20. Currently, the humanitarian discourse and framework often prevail for discussions of unilateral sanctions and health. A strong human rights analysis of and approach to the impact of sanctions on the right to health and all its components is especially important in that context. In addition to being ineffective,⁴³ the very existence of humanitarian exemptions shows the problems and deleterious impacts of unilateral sanctions in the first place, choosing to only focus on the impacts perceived to be the “most extreme.” They have also been reported to increase dependency on aid, given that economic and infrastructure development is impeded by sanctions.⁴⁴ However, aid itself is often harmful to the right to health and to national health systems, which have to respond to changing donor-dictated priorities rather than context-specific needs.⁴⁵ This is because generally, “funders fail to focus their activities on the health needs of recipient states and direct assistance towards health systems development, inadequately incorporate the inputs of affected communities in their activities, and attach conditionalities to the receipt of funding for health.”⁴⁶ As noted by the Working Group on discrimination against women and girls, donor priorities in that

⁴² E. Tendayi Achiume. 2018. "Putting racial equality onto the global human rights agenda." *Sur: International Journal on Human Rights*. 15 (28): 143. <https://sur.conectas.org/en/putting-racial-equality-onto-the-global-human-rights-agenda/>

⁴³ “Humanitarian exemptions in unilateral sanctions regimes ineffective and inefficient: UN experts.” 23 November 2022. <https://www.ohchr.org/en/statements/2022/11/humanitarian-exemptions-unilateral-sanctions-regimes-ineffective-and-inefficient>; Report of the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights, Alena Douhan: Negative impact of unilateral coercive measures on the enjoyment of human rights in the coronavirus disease pandemic. [A/75/209](https://www.ohchr.org/en/statements/2022/11/humanitarian-exemptions-unilateral-sanctions-regimes-ineffective-and-inefficient), 21 July 2020. Para. 104.

⁴⁴ Report of the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights, Alena Douhan: Negative impact of unilateral coercive measures on the enjoyment of human rights in the coronavirus disease pandemic. [A/75/209](https://www.ohchr.org/en/statements/2022/11/humanitarian-exemptions-unilateral-sanctions-regimes-ineffective-and-inefficient), 21 July 2020. Para. 88.

⁴⁵ Joint submission by the Sexual Rights Initiative, the National Council of Women Leaders (NCWL), the Dalit Human Rights Defenders Network (DHRDNet), the International Dalit Solidarity Network (IDSN), AWID, Her Rights Initiative (HRI) and Alisa Lombard (July 2022), available at <https://www.sexualrightsinitiative.org/resources/submission-committee-elimination-racial-discrimination-racial-discrimination-and-right>, para. 36.

Report by the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health: Racism and the right to health. [A/77/197](https://www.ohchr.org/en/statements/2022/11/humanitarian-exemptions-unilateral-sanctions-regimes-ineffective-and-inefficient), 2022, paras 62-65.

⁴⁶ Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health on health financing in the context of right to health, 2012, available at <https://undocs.org/A/67/302>, para. 23.

context do now always include gender equality, which translates into a lack of prioritization of maternal health, contraception, abortion and adolescent health, among others.⁴⁷

21. It is also important to examine the instances in which the collective suffering and violations arising from sanctions are acknowledged, or instrumentalized. At times these are ostensibly evoked in an effort to legitimize sanctions, by positioning human rights violations and suffering as evidence of the alleged failings of the targeted government or policy, without acknowledging sanctions and other external contributing factors. But as noted by the Committee on Economic, Social and Cultural Rights, “the inhabitants of a given country do not forfeit their basic economic, social and cultural rights.”⁴⁸ Their enjoyment of these rights should not be conditional upon any decision to impose punitive or coercive measures, including economic sanctions.

22. Other times, even UN calls to suspend sanctions in the context of the pandemic invoke the ‘global consequences’ and ‘global contagion’ risks of such sanctions, which could be interpreted to imply that the suffering and deaths of affected populations are not sufficient to justify lifting sanctions in the first place: as Michelle Bachelet expressed in March 2020, “[i]t is vital to avoid the collapse of any country's medical system – given the explosive impact that will have on death, suffering and wider contagion [...] In a context of global pandemic, impeding medical efforts in one country heightens the risk for all of us.”⁴⁹

⁴⁷ Report of the Working Group on discrimination against women and girls: Women’s and girl’s sexual and reproductive health rights in crisis, [A/HRC/47/38](#), 2021, para. 33.

⁴⁸ UN Committee on Economic, Social and Cultural Rights (CESCR), *General Comment No. 8: The relationship between economic sanctions and respect for economic, social and cultural rights*, 12 December 1997, E/C.12/1997/8, para. 16, available at: <https://www.refworld.org/docid/47a7079e0.html>

⁴⁹ “Bachelet calls for easing of sanctions to enable medical systems to fight COVID-19 and limit global contagion.” 24 March 2020. <https://www.ohchr.org/en/2020/03/bachelet-calls-easing-sanctions-enable-medical-systems-fight-covid-19-and-limit-global>

IV. Recommendation 3: Take a comprehensive and intersectional approach to the impact of sanctions on the right to health, including health systems and the availability, accessibility, acceptability and quality (AAAQ) of health facilities, goods and services; health determinants; non-discrimination, and maximum available resources.

23. The impacts of sanctions on the right to health are many, ranging from a targeted country's general ability to fight health crises and pandemics,⁵⁰ the marginalization and silencing of scientific research from targeted countries,⁵¹ damage to the health system and infrastructure,⁵² economic impacts on the right to development⁵³ and access to determinants of health such as food,⁵⁴ water, housing, education, livelihood, and an adequate standard of living, among others.⁵⁵

A. Health systems and AAAQ of health facilities, goods and services

24. The impacts of sanctions on health systems include shortages in medication, medical equipment and technology, fuel, electricity, and personnel, among others.⁵⁶ Even when sanctions do not directly target vaccine importation, their restrictions on the fuels used for vaccine transport, storage or refrigeration result in increased prices or medicine shortages, which in turn lead to increases in child mortality, among others.⁵⁷ Trade restrictions on products used for water and electric supply also impact the functioning of medical equipment and the sanitation infrastructure

⁵⁰ Report of the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights, Alena Douhan: Negative impact of unilateral coercive measures on the enjoyment of human rights in the coronavirus disease pandemic. [A/75/209](#), 21 July 2020.

⁵¹ "Sanctions having negative impact on scientific research, rights experts warn." UN News, 7 July 2022. <https://news.un.org/en/story/2022/07/1122152>. As Yasmin Madani-Lavassani also pointed out, "[s]anctions may also inadvertently impact health through hindering international collaboration and research. Visa difficulties in attending international conferences and rejection of publications by reputable journals due to sanctions may all contribute to stagnation in health research and development within Iran, indirectly impacting the health of the Iranian population (Saeidnia and Abdollahi 2013)." (Madani-Lavassani Yasmin. "Sanctions on Iran and Their Impact on Child Health." *Medicine Conflict and Survival* 2020 pp. 359–367. <https://doi.org/10.1080/13623699.2020.1848582>. Page 362)

⁵² Report of the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights, Idriss Jazairy (2015) [A/70/345](#), para. 41.

⁵³ "Unilateral sanctions impinge on right to development - UN experts." 11 August 2021.

<https://www.ohchr.org/en/press-releases/2021/08/unilateral-sanctions-impinge-right-development-un-experts>

⁵⁴ "COVID-19: Economic sanctions should be lifted to prevent hunger crises – UN expert." 31 March 2020.

<https://www.ohchr.org/en/press-releases/2020/03/covid-19-economic-sanctions-should-be-lifted-prevent-hunger-crises-un-expert?LangID=E&NewsID=25761>

⁵⁵ "Unilateral sanctions impinge on right to development - UN experts." 11 August 2021.

<https://www.ohchr.org/en/press-releases/2021/08/unilateral-sanctions-impinge-right-development-un-experts> ; Report of the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights, Alena Douhan: Negative impact of unilateral coercive measures on the enjoyment of human rights in the coronavirus disease pandemic. [A/75/209](#), 21 July 2020. Paras 60, 65, 100,

⁵⁶ Report of the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights, Alena Douhan: Negative impact of unilateral coercive measures on the enjoyment of human rights in the coronavirus disease pandemic. [A/75/209](#), 21 July 2020. Paras 49, 62.

⁵⁷ Kim Yiyeon. "Economic Sanctions and Hiv/Aids in Women." *Journal of Public Health Policy* 2019 pp. 351–366. <https://doi.org/10.1057/s41271-019-00173-6>.

necessary for health services.⁵⁸ In Iran, sanctions impacting the banking sector have complicated the import of raw materials needed for medicine production.⁵⁹

25. Health systems and the availability, accessibility, acceptability and quality (AAAQ) of health services in sanctioned countries are also undermined through the “brain drain” of trained health workers arising from economic hardship and the inability to offer good working conditions that would retain medical staff, as pointed out by the Special Rapporteur in the Syrian⁶⁰ and Zimbabwean⁶¹ contexts, among others. The resources required for training health care staff that are then lost to other countries, are an often overlooked aspect in this context.⁶² To add insult to injury, the Global North States imposing the sanctions that majorly contribute to that climate of economic hardship then benefit from that “brain drain” by using their economic power to gain a skilled health workforce. For instance, over 4000 nurses and doctors left Zimbabwe between February 2021 and February 2023, many of them to the United Kingdom, itself failing to address concerns of poor pay and conditions in its NHS and instead “plundering doctors and nurses from former colonies like Zimbabwe.”⁶³ This has severely affected the health sector, including the HIV and TB response,⁶⁴ and has led the WHO to add Zimbabwe to a 2023 list of 55 countries with dangerously low numbers of health workers,⁶⁵ including those “losing health personnel to international migration.”⁶⁶
26. In addition, as warned by several Special Procedures mandates, sanctions directly undermine scientific research through disqualifications and denials of publishing of scholars from sanctioned countries.⁶⁷ In addition to being discriminatory, this exacerbates the academic global health sector’s problem of “unfair denial of knowledge-production capacity of local experts or members of marginalised groups” and editorial racism.⁶⁸ All of this contributes to a global health and health

⁵⁸ Peksen Dursun. “Economic Sanctions and Human Security: The Public Health Effect of Economic Sanctions.” *Foreign Policy Analysis* 2011 pp. 237–251. Page 240.

⁵⁹ Germani Federico et al. “Economic Sanctions Healthcare and the Right to Health.” *Bmj Global Health* 2022. <https://doi.org/10.1136/bmjgh-2022-009486>. Page 2.

⁶⁰ “UN expert calls for lifting of long-lasting unilateral sanctions ‘suffocating’ Syrian people.” 10 November 2022. <https://www.ohchr.org/en/node/104160>

⁶¹ Report of the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights, Alena Douhan: Visit to Zimbabwe (2022). [A/HRC/51/33/Add.2](https://www.ohchr.org/en/node/104160), para. 48.

⁶² For instance, Zimbabwe reports spending \$70,000 in training per doctor, while the United Kingdom spends \$281,000 in training per doctor but saves much of this amount by attracting trained professionals from other countries, including Zimbabwe. Ashley Simango: “Zimbabwe is losing doctors, teachers to British hypocrisy.” Al Jazeera, 8 February 2023. <https://www.aljazeera.com/opinions/2023/2/8/zimbabwe-is-bleeding-doctors-teachers-to-the-uk-whos-to-blame>

⁶³ Ibid.

⁶⁴ Dzinamarira Tafadzwa and Godfrey Musuka. “Brain Drain: An Ever-Present; Significant Challenge to the Zimbabwean Public Health Sector.” *Public Health in Practice* 2021. <https://doi.org/10.1016/j.puhip.2021.100086>.

⁶⁵ Megha Kaveri: “WHO Raises Alarm Over Increased Healthcare Worker Migration to Rich Countries Post Pandemic.” Health Policy Watch, 14 March 2023. <https://healthpolicy-watch.news/eight-country-healthcare-workers-migration/>

⁶⁶ “WHO renews alert on safeguards for health worker recruitment.” WHO, 14 March 2023.

<https://www.who.int/news/item/14-03-2023-who-renews-alert-on-safeguards-for-health-worker-recruitment>

⁶⁷ “Sanctions having negative impact on scientific research, rights experts warn.” UN News, 7 July 2022. <https://news.un.org/en/story/2022/07/1122152>

⁶⁸ See also Bhakuni, Himani, and Seye Abimbola. 2021. “Epistemic injustice in academic global health”. *The Lancet Global Health*. 9 (10): e1465-e1470.

funding landscape that replicates colonial and racist power dynamics,⁶⁹ for instance by allocating large funds to health conditions and illnesses prevalent in the Global North while health conditions and illnesses prevalent in the Global South are neglected.⁷⁰

B. Maximum available resources

27. Sanctioning states directly jeopardize - through sanctions as well as other economic means and neoliberal policies - targeted states' resources, and therefore, the 'maximum available resources' available to them for the respect, protection and fulfillment of the right to health. The severe impacts of sanctions on a state's economy shrinks the resources available for health spending and the (public) health system, including by cutting revenue derived from domestic tax and international trade and finance transactions.⁷¹ Sanctions that do not directly target the health sector can impact it anyway when targeted states cut health spending in favor of other activities, such as military activities,⁷² which can be perceived as especially important for a state targeted by an economic use of force.
28. Along with health care, other redistributive and welfare policies that are crucial for health and its determinants are usually affected by sanctions.⁷³ This can include state-supported education, childcare, maternity leave, and other aspects of social security, all of which have gendered and classed impacts.⁷⁴ In addition, and as noted by the CESCR Committee, the resulting context of scarcity of resources can go hand in hand with "a reinforcement of the power of oppressive elites, the emergence, almost invariably, of a black market and the generation of huge windfall profits for the privileged elites which manage it, enhancement of the control of the governing elites over

See also SRI's submission to the Special Rapporteur on the right to health, focusing on racism and the right to health. June 2022. <https://www.sexualrightsinitiative.org/resources/sri-submission-special-rapporteur-right-health-racism-and-right-health>

⁶⁹ Richardson, Eugene T. *Epidemic illusions: on the coloniality of global public health*. MIT Press: 2021.

Olusanya, J.O., Ubogu, O.I., Njokanma, F.O. *et al.* Transforming global health through equity-driven funding. *Nat Med* 27, 1136–1138 (2021). <https://doi.org/10.1038/s41591-021-01422-6>

⁷⁰ Examples of health conditions and illnesses prevalent in the Global North would include Alzheimer's and Parkinson's diseases, heart disease, cancer, while examples of neglected issues prevalent in the Global South would include the effects of early and prolonged malnutrition, including during pregnancy, tropical diseases, mosquito and other vector borne diseases, diarrhea, parasitic diseases, or the effects of agrotoxics fumigation and presence in contaminated drinking water. SRI's submission to the Special Rapporteur on the right to health, focusing on racism and the right to health. June 2022. Paras 72-74.

<https://www.sexualrightsinitiative.org/resources/sri-submission-special-rapporteur-right-health-racism-and-right-health>

⁷¹ Peksen Dursun. "Economic Sanctions and Human Security: The Public Health Effect of Economic Sanctions." *Foreign Policy Analysis* 2011 pp. 237–251. Page 240.

⁷² Germani Federico *et al.* "Economic Sanctions Healthcare and the Right to Health." *Bmj Global Health* 2022.

<https://doi.org/10.1136/bmjgh-2022-009486>. Page 2.

⁷³ Peksen Dursun. "Economic Sanctions and Human Security: The Public Health Effect of Economic Sanctions." *Foreign Policy Analysis* 2011 pp. 237–251. Page 240.

⁷⁴ Drury A. Cooper and Dursun Peksen. "Women and Economic Statecraft: The Negative Impact of International Economic Sanctions Visit on Women." *European Journal of International Relations* 2014 pp. 463–490.

<https://doi.org/10.1177/1354066112448200>, page 468.

the population at large,”⁷⁵ which adds to the unequal redistribution of already scarce resources.⁷⁶ As in other contexts, public spending cuts result in a decline in quality, availability and accessibility (including affordability) of health care, all of which are most acutely felt by marginalized groups.⁷⁷

29. In this regard, there is a parallel to be drawn between the respective impacts of sanctions and aid on health systems in the resulting reliance on aid by external donors and states, at the expense of a strong public national health system. This is part of a broader concerning trend of weakening and erosion of public health systems and infrastructure, including through neo-liberal policies including austerity, privatization, unfair global taxation rules,⁷⁸ and increasing external interference with Global South states’ ability to set the priorities for their health systems - whether because of donor states’ priorities or aid conditionalities, loan conditionalities set by international financial institutions, and sanctions.⁷⁹

C. Examine sanctions as a social determinant of health

30. Because of the extent of their health impacts, we encourage the Special Rapporteur to explicitly name unilateral sanctions as a social determinant of health. Indeed, it clearly falls under the scope of “economic development,” which the CESCR Committee cites among the social determinants of health,⁸⁰ as well as under the “economic policies and systems [...] shaping the conditions of daily life and the conditions in which people are born, grow, work, live, and age,” and therefore also correspond to WHO’s definition of social determinants.⁸¹

⁷⁵ UN Committee on Economic, Social and Cultural Rights (CESCR), *General Comment No. 8: The relationship between economic sanctions and respect for economic, social and cultural rights*, 12 December 1997, E/C.12/1997/8, para. 3, available at: <https://www.refworld.org/docid/47a7079e0.html>

⁷⁶ Peksen Dursun. “Economic Sanctions and Human Security: The Public Health Effect of Economic Sanctions.” *Foreign Policy Analysis* 2011 pp. 237–251. Page 240.

⁷⁷ Kim Yiyeon. “Economic Sanctions and HIV/Aids in Women.” *Journal of Public Health Policy* 2019 pp. 351–366. <https://doi.org/10.1057/s41271-019-00173-6>.

On the importance of public health care and the harms of privatization and reductions of public spending, please see the joint submission to the CERD Committee: https://www.sexualrightsinitiative.org/sites/default/files/resources/files/2022-08/CERD_GR37_SRIetal_Submission.pdf

⁷⁸ In addition to addressing tax injustice from a national perspective, it is important to engage with the international economic structures enabling tax and economic injustice at the international level and allowing for “unequal revenue collection within and between countries, [...] uneven wealth distribution and the pervasive increase in poverty and exclusion around the world,” as highlighted by the Independent Expert on foreign debt (Report of the Independent Expert on foreign debt “Towards a global fiscal architecture using a human rights lens,” July 2022, [A/77/169](https://www.refworld.org/docid/477169.html), para. 2.). This has led the Independent Expert on Foreign Debt and the UN Secretary-General to join the call for a reform of the global tax system, including through a new global tax convention and body. (Report of the Independent Expert on foreign debt “Towards a global fiscal architecture using a human rights lens,” July 2022, [A/77/169](https://www.refworld.org/docid/477169.html), para. 52; “UN Secretary General signals support for UN tax convention.” Tax Justice Network, 27 September 2022. <https://taxjustice.net/press/un-secretary-general-signals-support-for-un-tax-convention/>)

⁷⁹ Joint submission by the Sexual Rights Initiative, the National Council of Women Leaders (NCWL), the Dalit Human Rights Defenders Network (DHRDNet), the International Dalit Solidarity Network (IDSN), AWID, Her Rights Initiative (HRI) and Alisa Lombard (July 2022), available at https://www.sexualrightsinitiative.org/sites/default/files/resources/files/2022-08/CERD_GR37_SRIetal_Submission.pdf; Report by the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health: Racism and the right to health. [A/77/197](https://www.refworld.org/docid/477197.html), 2022, para. 100.

⁸⁰ UN Committee on Economic, Social and Cultural Rights (CESCR), *General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12 of the Covenant)*, 11 August 2000, E/C.12/2000/4, available at: <https://www.refworld.org/docid/4538838d0.html> Para. 16.

⁸¹ WHO: “Social determinants of health.” https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

31. Sanctions also act as a barrier to other underlying determinants of health such as water and sanitation,⁸² adequate food and nutrition,⁸³ housing, or even a healthy environment.⁸⁴ They also compound systems of oppression and their impacts on health and its determinants.
32. The Special Rapporteur on the right to food warned that “[t]he continued imposition of crippling economic sanctions on Syria, Venezuela, Iran, Cuba, and, to a lesser degree, Zimbabwe, to name the most prominent instances, severely undermines the ordinary citizens’ fundamental right to sufficient and adequate food.”⁸⁵ Recently, the same mandate alerted about the impact of sanctions imposed on Russia on access to food in the country as well as in other countries relying on Russia for wheat supply⁸⁶ and called for an end to all unilateral coercive measures and blockades for their worsening of an unprecedented global food crisis.⁸⁷ The African Union similarly warned that EU sanctions excluding Russian banks from the SWIFT system had made grain purchases from Russia “difficult or impossible” for African countries.⁸⁸ The health consequences of inadequate food and nutrition are severe. Examples include increases in child mortality⁸⁹ and the likelihood of chronic diseases such as tuberculosis and measles.⁹⁰

⁸² UN Committee on Economic, Social and Cultural Rights (CESCR), *General Comment No. 15: The Right to Water (Arts. 11 and 12 of the Covenant)*, 20 January 2003, E/C.12/2002/11, available at: <https://www.refworld.org/docid/4538838d11.html>, para. 32, as cited in the Report of the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human

rights, Idriss Jazairy (2015), [A/70/345](#), para. 37.

⁸³ “COVID-19: Economic sanctions should be lifted to prevent hunger crises – UN expert.” 31 March 2020.

<https://www.ohchr.org/en/press-releases/2020/03/covid-19-economic-sanctions-should-be-lifted-prevent-hunger-crises-un-expert?LangID=E&NewsID=25761>

⁸⁴ Recent research has found economic sanctions to “catalyze environmental degradation” with long-term transgenerational and transnational effects, by limiting sanctioned countries’ access to technology and goods, which has important repercussions on the environmental sector. In addition, “sanctions limit the sanctionee’s economic growth and its ability to decouple its economy from natural resources, thereby growing the role of natural resources in the sanctionee’s political economy. This makes economic production much costlier to the environment, a sector that is not considered as a priority in the policy agenda of the sanctionee’s leaders who are focused on managing the country in the survival mode.”

Madani Kaveh. “How International Economic Sanctions Harm the Environment.” *Earth’s Future* 2020.

<https://doi.org/10.1029/2020EF001829>.

This has also been noted in the Iranian context as a result of US sanctions: “US sanctions violate Iranian people’s rights to clean environment, health and life: UN experts.” 20 December 2022. <https://www.ohchr.org/en/press-releases/2022/12/us-sanctions-violate-iranian-peoples-rights-clean-environment-health-and>

⁸⁵ “COVID-19: Economic sanctions should be lifted to prevent hunger crises – UN expert.” 31 March 2020.

<https://www.ohchr.org/en/press-releases/2020/03/covid-19-economic-sanctions-should-be-lifted-prevent-hunger-crises-un-expert?LangID=E&NewsID=25761>

⁸⁶ “Ukraine: UN expert warns of global famine, urges end to Russia aggression.” 18 March 2022.

<https://www.ohchr.org/en/press-releases/2022/03/ukraine-un-expert-warns-global-famine-urges-end-russia-aggression>

⁸⁷ Interim report of the Special Rapporteur on the right to food, Michael Fakhri: The right to food and the coronavirus disease pandemic. [A/77/177](#), paras 40, 91(c).

⁸⁸ “African Union warns of ‘collateral impact’ as EU’s Russia sanctions hit food supplies.” *Financial Times*, 31 May 2022.

<https://www.ft.com/content/e558de33-6064-4b10-a784-eb344cb17915>

⁸⁹ Jerg Gutmann, Matthias Neuenkirch, Florian Neumeier. “Sanctioned to Death? The Impact of Economic Sanctions on Life Expectancy and its Gender Gap.” CESifo, 2019. Page 26; Kim Yiyeon. “Economic Sanctions and Hiv/Aids in Women.” *Journal of Public Health Policy* 2019 pp. 351–366. <https://doi.org/10.1057/s41271-019-00173-6>.

⁹⁰ Kim Yiyeon. “Economic Sanctions and Hiv/Aids in Women.” *Journal of Public Health Policy* 2019 pp. 351–366.

<https://doi.org/10.1057/s41271-019-00173-6>.

33. Sanctions affecting the supply of water treatment chemicals⁹¹ or the maintenance of water distribution systems,⁹² for instance, can undermine access to clean water and sanitation, with severe health impacts, including increases in maternal mortality,⁹³ diarrheal disease,⁹⁴ cholera,⁹⁵ malaria, dengue, lupus and gastrointestinal diseases⁹⁶ and related deaths.
34. Through their effects on the economy, poverty, inflation and unemployment, sanctions also undermine the right to an adequate standard of living.⁹⁷ The impacts of economic sanctions on the economy of targeted states are felt by women, whose economic and labor rights suffer and whose levels of poverty increase, along with other marginalized people,⁹⁸ including because of the severe impacts on areas often deemed to be ‘women’s work,’ such as health, sanitation and care, and the informal economy.⁹⁹ Export-oriented industries such as textiles, apparel or electronic assembly are particularly hit by sanctions and tend to employ as many as 80% of women.¹⁰⁰ Women will often be the first to lose their jobs or livelihoods in times of economic hardship due to patriarchal discrimination.¹⁰¹ Women working inside the home whose economic well-being is directly determined by their partners or children, as well as women-headed households are also particularly affected.¹⁰² Research by Drury and Peksen into the impacts of

⁹¹ Pinna Pintor Matteo et al. “The Impact of Economic Sanctions on Health and Health Systems in Low-Income and Middle-Income Countries: A Systematic Review and Narrative Synthesis.” *Bmj Global Health* 2023 <https://doi.org/10.1136/bmjgh-2022-010968>. Page 10;

Benova L, Cumming O, Campbell OM. “Systematic review and meta-analysis: association between water and sanitation environment and maternal mortality.” *Trop Med Int Health*. 2014 Apr;19(4):368-87. doi: 10.1111/tmi.12275. <https://pubmed.ncbi.nlm.nih.gov/24506558/>

⁹² Visit to the Bolivarian Republic of Venezuela - Report of the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights, Alena Douhan (2021). <A/HRC/48/59/Add.2>, para. 63.

⁹³ Cameron Lisa et al. “Relationship between Water and Sanitation and Maternal Health: Evidence from Indonesia.” *World Development* 2021 <https://doi.org/10.1016/j.worlddev.2021.105637>

⁹⁴ Kim Yiyeon. “Economic Sanctions and Hiv/Aids in Women.” *Journal of Public Health Policy* 2019 pp. 351–366. <https://doi.org/10.1057/s41271-019-00173-6>.

⁹⁵ Jerg Gutmann, Matthias Neuenkirch, Florian Neumeier. “Sanctioned to Death? The Impact of Economic Sanctions on Life Expectancy and its Gender Gap.” CESifo, 2019. Page 27. <https://www.cesifo.org/en/publications/2019/working-paper/sanctioned-death-impact-economic-sanctions-life-expectancy-and-its>

⁹⁶ Visit to the Bolivarian Republic of Venezuela - Report of the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights, Alena Douhan (2021). <A/HRC/48/59/Add.2>, para. 48.

⁹⁷ “OHCHR and unilateral coercive measures.” OHCHR. <https://www.ohchr.org/en/unilateral-coercive-measures>; Saeed Bagheri and Amin Bagheri : “Civilian Life at Risk in Iran: The Hard-Hitting Effects of the US Economic Sanctions.” Oxford Human Rights Hub, 5 August 2019. <https://ohrh.law.ox.ac.uk/civilian-life-at-risk-in-iran-the-hard-hitting-effects-of-the-us-economic-sanctions/>

⁹⁸ Report of the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights, Alena Douhan: Negative impact of unilateral coercive measures on the enjoyment of human rights in the coronavirus disease pandemic. <A/75/209>, 21 July 2020. Para. 77.

⁹⁹ Lewis Thea. “The Peaceful Deadly Violence of Embargo: Denaturalizing Hegemonic Discourses in International Relations Theory.” University of Victoria 2019. https://dspace.library.uvic.ca/bitstream/handle/1828/11462/Lewis_Thea_MA_2019.pdf?sequence=1&isAllowed=y, page 70, citing Buck, Gallant, and Nossal, “Sanctions as a Gendered Instrument of Statecraft.”

¹⁰⁰ Drury A. Cooper and Dursun Peksen. “Women and Economic Statecraft: The Negative Impact of International Economic Sanctions Visit on Women.” *European Journal of International Relations* 2014 pp. 463–490. <https://doi.org/10.1177/1354066112448200>, page 467.

¹⁰¹ Ibid., page 466.

¹⁰² Kokabisaghi Fatemeh. “Assessment of the Effects of Economic Sanctions on Iranians' Right to Health by Using Human Rights Impact Assessment Tool: A Systematic Review.” *International Journal of Health Policy and Management* 2018 pp. 374–393. <https://doi.org/10.15171/ijhpm.2017.147>. Page 385.

sanctions on women's rights from 1971 to 2005 has shown that "a foreign policy tool meant to be non-violent can have serious negative gender-specific consequences not unlike more severe forms of coercion such as foreign military intervention."¹⁰³ The social instability and disruption caused by sanctions can also exacerbate gender-based discrimination and women's rights violations.¹⁰⁴

35. All of these impacts are most acutely felt by marginalized groups in the population:¹⁰⁵ "sanctions impacting the healthcare sector [...] hurt vulnerable citizens requiring access to healthcare, and are not likely to cause desired policy changes, as government officials and wealthy individuals are nonetheless likely to enjoy adequate medical care."¹⁰⁶
36. Among the consequences of the lack of access to health care caused or exacerbated by sanctions is forced displacement and migration in pursuit of medical attention and supplies, to avoid death. In 2018, UNHCR reported that over 7,700 Venezuelans had left the country to find HIV/AIDS treatment (a number that has undoubtedly increased since then) while others unable to leave died.¹⁰⁷ This is in spite of the fact that as highlighted by the CESCR Committee, sanctions often go hand in hand with "restriction of opportunities to seek asylum."¹⁰⁸ This forced migration also has implications on the right to health, including the common barriers faced by migrants in accessing health care, and the many impacts of migration on mental and physical health.

D. Take an intersectional approach to address the racialized, gendered and classed impacts of sanctions at the national level

37. In addition, the economic hardship of unilateral sanctions also compounds economic, racial and gendered systems of oppression,¹⁰⁹ which themselves constitute social determinants of health. In

¹⁰³ Drury A. Cooper and Dursun Peksen. "Women and Economic Statecraft: The Negative Impact of International Economic Sanctions Visit on Women." *European Journal of International Relations* 2014 pp. 463–490. <https://doi.org/10.1177/1354066112448200>, page 483.

¹⁰⁴ *Ibid.*, page 466.

¹⁰⁵ Aloosh M et al. "Economic Sanctions Threaten Population Health: The Case of Iran." *Public Health* 2019 pp. 10–13. <https://doi.org/10.1016/j.puhe.2019.01.006>. Page 12.

¹⁰⁶ Germani Federico et al. "Economic Sanctions Healthcare and the Right to Health." *Bmj Global Health* 2022. <https://doi.org/10.1136/bmjgh-2022-009486>, page 3.

¹⁰⁷ Marta Martinez: "A chance to live: The quest of Venezuelan refugees and migrants with HIV/AIDS." UNHCR, 30 November 2018.

<https://www.unhcr.org/news/stories/2018/11/5c0167814/chance-live-quest-venezuelan-refugees-migrants-hiv-aids.html>

¹⁰⁸ UN Committee on Economic, Social and Cultural Rights (CESCR), *General Comment No. 8: The relationship between economic sanctions and respect for economic, social and cultural rights*, 12 December 1997, E/C.12/1997/8, para. 3, available at:

<https://www.refworld.org/docid/47a7079e0.html>

¹⁰⁹ The CESCR Committee noted that among the consequences of sanctions are "a reinforcement of the power of oppressive elites." (*Ibid.*, para. 3). For instance, this has been noted in relation to gender and the COVID-19 pandemic, regarding which the Special Rapporteur highlighted that "[t]he vulnerability of women in the course of the pandemic has been repeatedly acknowledged [...]. It has been reported, however, that, owing to the exacerbated economic problems caused by unilateral sanctions in the course of the pandemic, the economic and labour rights of women have been increasingly affected, as they are more frequently involved in informal work or self-employment and bear high risks of discrimination in the labour sphere." (A/75/209, para. 77). Similarly, "labour migrants and refugees in the targeted countries [...] appeared to be among the most vulnerable in the face of the deteriorating economic and health crisis." (A/75/209, para. 78). See also para. 102. The High

that regard, we encourage the Special Rapporteur to issue intersectional analysis and recommendations that clearly outline the oppressive structures leading to some people being particularly affected and further marginalized by unilateral sanctions. While these are often presented as “vulnerable groups,” that vulnerability is not inherent to them, their identity or their belonging to a specific group. Instead, it is the product of structural discrimination and deliberate State policies, both in the country concerned and the sanctioning state. Naming and examining the structural factors shaping people’s experience of sanctions and their consequences is also essential in outlining the corresponding State obligations to redress the situation.

38. In that context, it is also important to avoid narratives or recommendations focusing on “protecting” women and other marginalized people who are particularly affected by sanctions, instead of respecting, protecting and fulfilling their rights. The appeal of such paternalist discourses could be compounded in contexts affected by sanctions but should be avoided, as they contribute to portraying women and girls as victims without agency and in need of protection from themselves or from real or perceived dangers. They are used in all countries, often opportunistically, to deny women and girls their autonomy, especially when multiple oppressions are in operation. Examples include the criminalization, surveillance and detention of migrant sex workers, the institutionalization or social isolation of women and girls with disabilities, the criminalization of HIV transmission, and ultimately women’s deprivation of liberty, as highlighted by the Working Group on discrimination against women and girls.¹¹⁰

Commissioner on Human Rights also noted during a 2012 visit to Zimbabwe that “the sanctions regime [...] will in turn inevitably have had a negative impact on the economy at large, with possibly quite serious ramifications for the country’s poorest and most vulnerable populations.” (Opening remarks by UN High Commissioner for Human Rights Navi Pillay at a press conference during her mission to Zimbabwe, 25 May 2022.

<https://www.ohchr.org/en/press-releases/2012/05/opening-remarks-un-high-commissioner-human-rights-navi-pillay-press?LangID=E&NewsID=12192#sthash.48RBvc2r.dpu>

¹¹⁰ The Working Group identified “stereotypes that portray women as weak or in need of protection” among the main forms of gender stereotypes that may lead to and justify women’s confinement. See Women deprived of liberty: Report of the Working Group on the issue of discrimination against women in law and in practice (2019). [A/HRC/41/33](#), para. 19.

For more analysis on the harms of protection-based discourses, laws and policies, please see the joint submission by SRI and the Global Network of Sex Work Projects (NSWP) to the Working Group on Discrimination Against Women and Girls, focusing on Deprivation of Liberty of Women and Girls, available at

<https://www.sexualrightsinitiative.org/resources/sri-submission-working-group-discrimination-against-women-and-girls-deprivation-liberty>

V. Recommendation 4: Affirm the incompatibility of unilateral sanctions with sexual and reproductive health and rights and bodily autonomy, as illustrated by maternal mortality and morbidity

39. The right to bodily autonomy and its rejection of racial, economic, gendered and all oppressions is central to the right to health. The concept of bodily autonomy interrogates and encompasses the options and material conditions available to people for the exercise of autonomy over their bodies and lives, without coercion, discrimination, or interference from the State, family, society and other external elements.¹¹¹ We encourage the Special Rapporteur to clearly state that unilateral sanctions must be lifted for their impact on human rights, including their impacts on the material conditions and options available for the exercise of the rights to health and bodily autonomy.
40. The wide-ranging impacts of sanctions on the right to health also concern neglected and deprioritized health issues, such as sexual and reproductive health and rights, which are often especially hit in times of crisis and economic hardship.¹¹² For instance, in Iran, over thirty years of sanctions have led to budget cuts in HIV/AIDS, which in turn has affected access to antiretroviral drugs as well as condoms and prevention programs.¹¹³ In Zimbabwe, sanctions have complicated access to HIV funding from the Global Fund, and made it difficult for people to access affordable antiretroviral drugs.¹¹⁴ In Venezuela, sanctions have had severe consequences on the supply of HIV medication and tests,¹¹⁵ and the resulting shortage forced many Venezuelans living with HIV to flee the country in pursuit of treatment.¹¹⁶
41. Another example is maternal mortality, which tends to reflect patterns of exclusion, discrimination and related human rights violations across the Global North and South, including

¹¹¹ For more on SRI and SRI partners' conception of the right to bodily autonomy, see for instance the Highlights from the panel on Bodily Autonomy and Sexual Rights held on 20 September 2016 during the 33rd session of the UN Human Rights Council: <https://sexualrightsinitiative.com/ru/node/98>; and the SRI Submission to the Office of the High Commissioner for Human Rights on the elimination of discrimination against women and girls in sports (2019), paras 19-20, <https://www.sexualrightsinitiative.com/resources/submission-ohchr-elimination-discrimination-against-women-and-girls-sports>

¹¹² Report of the Working Group on discrimination against women and girls: Women's and girl's sexual and reproductive health rights in crisis, [A/HRC/47/38](https://www.unhcr.org/refugees-and-migrants/2021/11/5c0167814/chance-live-quest-venezuelan-refugees-migrants-hiv-aids.html), 2021, para. 30.

¹¹³ Kim Yiyeon. "Economic Sanctions and HIV/AIDS in Women." *Journal of Public Health Policy* 2019 pp. 351–366. <https://doi.org/10.1057/s41271-019-00173-6>.

¹¹⁴ Chidiebere C. Ogbonna. "Targeted or Restrictive: Impact of U.S. and EU Sanctions on Education and Healthcare of Zimbabweans." *African Research Review Vol. 11 No. 3 (2017)*. DOI: [10.4314/afrev.v11i3.4](https://doi.org/10.4314/afrev.v11i3.4) <https://www.ajol.info/index.php/afrev/article/view/161105>, page 38.

¹¹⁵ "En Venezuela la pandemia agudiza la dificultad para acceder a medicamentos contra el sida." *France 24*, 1 December 2020. <https://www.france24.com/es/am%C3%A9rica-latina/20201201-sida-vih-venezuela-medicamentos-muertes>; "Desperate border crossings, as Venezuela runs short of HIV drugs." *Reuters*, 3 October 2018. <https://www.reuters.com/article/venezuela-migrants-aids-idUSL2N1WJ0ET>

¹¹⁶ Marta Martinez. "A chance to live: The quest of Venezuelan refugees and migrants with HIV/AIDS." *UNHCR*, 30 November 2018. <https://www.unhcr.org/news/stories/2018/11/5c0167814/chance-live-quest-venezuelan-refugees-migrants-hiv-aids.html>

in countries targeted by sanctions.¹¹⁷ For that reason, human rights bodies have repeatedly asserted the need for an intersectional approach to maternal mortality.¹¹⁸

42. Pregnancy-related deaths are often medically preventable.¹¹⁹ However, maternal mortality remains a widespread issue, and points to broader problems with health systems, women's access to health services¹²⁰ and health determinants. Many factors contribute to the prevalence of maternal mortality, including denied or difficult access to safe abortion and contraceptives; gender, race and class discrimination; and economic factors, such as financial crises¹²¹ and sanctions, impeding the population's access to basic needs such as adequate food, nutrition and medical services;¹²² and hampering the ability of health systems to adequately tackle maternal health and prevent maternal deaths.

43. Increases of maternal mortality are consistently reported in sanctioned countries.¹²³ Research by Kelly Hunter and Pei-Yu Wei into economic sanctions and maternal mortality in the years 2000-2017 has linked the presence of sanctions in a given year to a statistically significant increase in the maternal mortality ratio (MMR)¹²⁴ in the sanctioned country in the following year.¹²⁵ Factors

¹¹⁷ Recently, UNFPA's Regional Director for Latin America and the Caribbean Susana Sottoli called maternal mortality "a key indicator of social exclusion." Mario Villar: "Exclusión y crisis, claves del alza de la mortalidad materna en Latinoamérica." EFE, 9 March 2023.

<https://efe.com/salud/2023-03-09/exclusion-y-crisis-claves-del-alza-de-la-mortalidad-materna-en-latinoamerica/>
Racial and ethnic inequalities in maternal health are well-established at the national level in many countries, including the UK (NHS Race & Health Observatory Rapid Evidence Review on Ethnic Inequalities in Healthcare, 2022, page 22, https://www.nhsrho.org/wp-content/uploads/2022/02/RHO-Rapid-Review-Final-Report_v.7.pdf); in France, the Netherlands, Brazil, and the United States (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5608036/>), among others. The Office of the High Commissioner for Human Rights has also found that "discrimination [...] on the basis of age, socioeconomic status, disability, racial or ethnic background, language, religion, national or social origin, health or other status [...] substantially heightens the risk of suffering maternal morbidities." (see "Good practices and challenges to respecting, protecting and fulfilling all human rights in the elimination of preventable maternal mortality and morbidity: Follow-up report of the United Nations High Commissioner for Human Rights," 2020, [A/HRC/45/19](https://www.unhcr.org/refugees/45/19), para. 56).

¹¹⁸ Report by the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health: Racism and the right to health. [A/77/197](https://www.unhcr.org/refugees/45/19), 2022, para. 37.

¹¹⁹ Kelly Hunter: "Economic Sanctions and Maternal Mortality." Duke Center for Global Reproductive Health, 10 May 2021. <https://dukecenterforglobalreproductivehealth.org/2021/05/10/economic-sanctions-and-maternal-mortality/>

¹²⁰ Pei-Yu Wei and Kelly Hunter: "More Harm than Good? The Effects of Sanctions on Different Aspects of Women's Rights." https://www.internationalpoliticeconomysociety.org/sites/default/files/paper-uploads/2021-10-19-19_51_40-kelly.hunter@duke.edu.pdf, page 13

¹²¹ Jerg Gutmann, Matthias Neuenkirch, Florian Neumeier. "Sanctioned to Death? The Impact of Economic Sanctions on Life Expectancy and its Gender Gap." CESifo, 2019. Page 4. <https://www.cesifo.org/en/publications/2019/working-paper/sanctioned-death-impact-economic-sanctions-life-expectancy-and-its>

¹²² "Poorer nutrition as a result of food shortages and the lack of access to basic needs and medical services produce several public health problems in target countries. This includes an increase in the maternal and child mortality rates (CMRs)." Peksen Dursun. "Economic Sanctions and Human Security: The Public Health Effect of Economic Sanctions." *Foreign Policy Analysis* 2011 pp. 237–251. Page 239.

¹²³ "Unilateral coercive measures, IHL and impartial humanitarian action: An interview with Alena Douhan." International Review of the Red Cross No 916-917. February 2022. Page 43. <https://international-review.icrc.org/articles/unilateral-coercive-measures-ihl-interview-with-alena-douhan-916>

¹²⁴ The Maternal Mortality Ratio (MMR) corresponds to maternal deaths per 100,000 live births.

¹²⁵ Kelly Hunter: "Economic Sanctions and Maternal Mortality." Duke Center for Global Reproductive Health, 10 May 2021. <https://dukecenterforglobalreproductivehealth.org/2021/05/10/economic-sanctions-and-maternal-mortality/>

could include an inability to access health infrastructure and contraceptives; closures of clinics due to redirection of low public funds to national security¹²⁶ as well as economic crisis and food shortages resulting in inadequate nutrition, itself leading to anemia, a common risk factor for maternal mortality and morbidity.¹²⁷

44. This confirms earlier research into the increase in maternal mortality in countries targeted by sanctions and embargoes,¹²⁸ including Haiti (where the MMR was estimated to have increased by 29% between 1989 and 1994¹²⁹), Iraq (where in the early 1990s, up to 95% of pregnant women had anemia, and the MMR was estimated to have increased from 164 to 290¹³⁰), the former Yugoslavia,¹³¹ Cuba,¹³² and Zimbabwe (where the MMR increased from 555 in 2005-2006 to 960 in 2011),¹³³ among others.

45. In Venezuela, the Special Rapporteur and UNICEF have relayed reports of “a rise in maternal and infant mortality, a reduction in immunization coverage and a renewed spread of infectious diseases” and the departure of many medical practitioners from the country.¹³⁴ Among the reasons leading to the rise in maternal mortality are a shortage in contraceptives,¹³⁵ insufficient

¹²⁶ Pei-Yu Wei and Kelly Hunter: “More Harm than Good? The Effects of Sanctions on Different Aspects of Women’s Rights.” https://www.internationalpoliticaleconomysociety.org/sites/default/files/paper-uploads/2021-10-19-19_51_40-kelly.hunter@duke.edu.pdf, page 13.

¹²⁷ On anemia during pregnancy and related mortality and morbidity risks, see for instance Smith C, Teng F, Branch E, Chu S, Joseph KS. Maternal and Perinatal Morbidity and Mortality Associated With Anemia in Pregnancy. *Obstet Gynecol.* 2019 Dec;134(6):1234-1244. doi: 10.1097/AOG.0000000000003557. PMID: 31764734; PMCID: PMC6882541.

¹²⁸ Kokabisaghi Fatemeh reports that the “[r]ise of maternal, infant and child mortality rates has been considerable during sanctions period in some countries under sanctions [such as Iraq, the former Yugoslavia, Nicaragua, Burundi, Cuba and Haiti].” Kokabisaghi Fatemeh. “Assessment of the Effects of Economic Sanctions on Iranians’ Right to Health by Using Human Rights Impact Assessment Tool: A Systematic Review.” *International Journal of Health Policy and Management* 2018 pp. 374–393. <https://doi.org/10.15171/ijhpm.2017.147>. Page 376.

¹²⁹ The Impact of Economic Sanctions on Health and Human Rights in Haiti, 1991-1994. Elizabeth Gibbons and Richard Garfield. *American Journal of Public Health.* October 1999, Vol. 89, No. 10. Page 1501.

¹³⁰ Reem Bahdi, Iraq, Sanctions and Security: A Critique, 9 *Duke Journal of Gender Law & Policy* 237-252 (Summer 2002), page 240. Available at: <https://scholarship.law.duke.edu/djglp/vol9/iss2/4>, as cited in Kim Yiyeon. “Economic Sanctions and HIV/AIDS in Women.” *Journal of Public Health Policy* 2019 pp. 351–366. <https://doi.org/10.1057/s41271-019-00173-6>.

See also Weiss Thomas G. *Political Gain and Civilian Pain: Humanitarian Impacts of Economic Sanctions.* Rowman & Littlefield 1997. Page 123.

¹³¹ Weiss Thomas G. *Political Gain and Civilian Pain: Humanitarian Impacts of Economic Sanctions.* Rowman & Littlefield 1997. Page 173.

¹³² Richard Garfield. “The Impact of Economic Sanctions on Health and Well-being.” Relief and Rehabilitation Network. Network Paper 31. November 1999. <https://odihpn.org/wp-content/uploads/1999/11/networkpaper031.pdf>, page 15, as cited in Madani-Lavassani Yasmin. “Sanctions on Iran and Their Impact on Child Health.” *Medicine Conflict and Survival* 2020 pp. 359–367. <https://doi.org/10.1080/13623699.2020.1848582>. Page 363.

¹³³ Speech by Ms Navi Pillay United Nations High Commissioner for Human Rights at the University of Zimbabwe. 24 May 2012. <https://www.ohchr.org/en/statements/2012/05/speech-ms-navi-pillay-united-nations-high-commissioner-human-rightsat-university?LangID=E&NewsID=12191>

See also Visit to Zimbabwe: Report of the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights, Alena Douhan. <A/HRC/51/33/Add.2>, para. 33.

¹³⁴ Zoë Pelter, Camila Teixeira, Erica Moret: “Sanctions and their Impact on Children.” UNICEF, February 2022 <https://www.unicef.org/globalinsight/media/2531/file/%20UNICEF-Global-Insight-Sanctions-and-Children-2022.pdf>, page 18. Report of the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights, Alena Douhan: Visit to the Bolivarian Republic of Venezuela. <A/HRC/48/59/Add.2>, paras 42 and 98.

¹³⁵ Report of the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights, Alena Douhan: Visit to the Bolivarian Republic of Venezuela. <A/HRC/48/59/Add.2>, para. 98.

prenatal care, and difficulties to respond to obstetric emergencies owing to a lack of essential supplies and qualified personnel resulting from the mass departures from the country in recent years, all of which UNFPA has linked to the sanctions imposed on Venezuela.¹³⁶

46. In Syria too, the alarmingly high MMR has been linked to sanctions, including because of their overall detrimental impacts on basic health care, including ante-natal and postnatal care services.¹³⁷
47. In Afghanistan, calls for the lifting of economic sanctions imposed after the Taliban takeover in 2021 have come in a context of near-collapse of the health system and returns to very high maternal mortality rates, possibly reaching the 2001 MMR of 1600.¹³⁸ A recent report on the child and maternal health crisis in Afghanistan by John Hopkins University pointed out that “the economic sanctions and liquidity crisis produced by the strangling of the central bank made it difficult to pay health staff even when the funds were theoretically available to do so, decreased the availability of medicine and medical supplies, and impaired access to basic and specialty care and medication because of the widespread impoverishment of the population.”¹³⁹
48. In Zimbabwe, maternal health continues paying the price of economic sanctions, including due its repercussions on the poor availability of clean water, electricity, medical supplies and equipment making it more difficult to treat pregnancy-related complications and increasing anxiety among pregnant women.¹⁴⁰ Under the Empty Cradles Campaign, women have raised alarm over the dire maternal and neonatal mortality situation against a backdrop of shortage of drugs, personnel and equipment and an under-resourced public health system.¹⁴¹ As reported by the Special Rapporteur, the ‘brain drain’ and loss of qualified personnel in Zimbabwe since the late 1990s has severely impacted the health sector.¹⁴²
49. Since data regarding maternal morbidity is scarce compared to maternal mortality, and since maternal morbidity and mortality, as well as other aspects of sexual and reproductive health and

¹³⁶ Mario Villar: “Exclusión y crisis, claves del alza de la mortalidad materna en Latinoamérica.” EFE, 9 March 2023.

<https://efe.com/salud/2023-03-09/exclusion-y-crisis-claves-del-alza-de-la-mortalidad-materna-en-latinoamerica/>

¹³⁷ Butt Malaika Saeed et al. “Maternal Mortality and Its Prominence in the Syrian Arab Republic: Challenges Efforts and Recommendations.” *Annals of Medicine and Surgery* 2022 pp. 104584–104584. <https://doi.org/10.1016/j.amsu.2022.104584>. Page 2.

¹³⁸ Akmal Dawi: “Afghanistan Faces Return to Highest Maternal Mortality Rates.” VOA, 7 March 2022.

<https://www.voanews.com/a/afghanistan-faces-return-to-highest-maternal-mortality-rates-6474248.html>

¹³⁹ Rabia Jalazai, Nancy Glass, and Leonard Rubenstein: “The maternal and child health crisis in Afghanistan.” John Hopkins Bloomberg School of Public Health and John Hopkins Center for Humanitarian Health, 2022. page 4.

http://hopkinshumanitarianhealth.org/assets/documents/Matern-Child-Health-Afghanistan-Report-FINAL_30-Oct_2.pdf

¹⁴⁰ “Zimbabwean women are most affected by current economic sanctions.” Ventures Africa, 8 November 2019.

<https://venturesafrica.com/zimbabwean-women-are-most-affected-by-current-economic-sanctions/>

¹⁴¹ Women’s Institute for Leadership Development: “Women Champion “Empty Cradles” Campaign.” 5 August 2020.

<https://kubatana.net/2020/08/05/women-champion-empty-cradles-campaign/>

¹⁴² Report of the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights, Alena Douhan: Visit to Zimbabwe (2022). [A/HRC/51/33/Add.2](https://www.hrcr.org/docs/A/HRC/51/33/Add.2), para. 48.

rights,¹⁴³ are so heavily shaped by structural, social and economic factors and determinants of health that are affected and compounded by sanctions, it is likely that the repercussions of sanctions on maternal mortality are also true for maternal morbidity.¹⁴⁴ Therefore, we call on the Special Rapporteur to analyze the impact of sanctions on maternal morbidity as well as mortality.¹⁴⁵

50. Many Global South states are scrutinized for laws and policies impeding the right to bodily autonomy (such as those hindering access to abortion or contraception) and their corresponding impacts on maternal mortality and morbidity. While these laws do have deleterious impacts, it is also important to examine how Global North states' sanctions and the resulting economic oppression and hardship, jeopardize Global South states' ability to provide those services and commodities, and the possibility of a health system that can deliver on these, even when the State's discourse and legal environment is one that is favorable to bodily autonomy.

VI. Recommendation 5: Human rights bodies should systematically include unilateral sanctions in their work

51. Human rights violations arising from unilateral sanctions are met with a lack of accountability, especially those faced by populations affected by comprehensive unilateral economic sanctions in targeted states.¹⁴⁶ In this context, scrutiny by the UN human rights system is crucial, and we encourage the Special Rapporteur to collaborate with other mandates and other human rights bodies to ensure they include sanctions in their thematic and country-specific human rights analysis of both sanctioning and sanctioned countries.

¹⁴³ [T]he right to sexual and reproductive health is also deeply affected by "social determinants of health", as defined by WHO. In all countries, patterns of sexual and reproductive health generally reflect social inequalities in society and unequal distribution of power based on gender, ethnic origin, age, disability and other factors. Poverty, income inequality, systemic discrimination and marginalization based on grounds identified by the Committee are all social determinants of sexual and reproductive health, which also have an impact on the enjoyment of an array of other rights as well." UN Committee on Economic, Social and Cultural Rights (CESCR), General comment No. 22 (2016) on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights), 2 May 2016, E/C.12/GC/22, para. 8.

¹⁴⁴ As highlighted in an SRI submission to OHCHR on maternal morbidity, "[t]he very nature of morbidities and lack of sustained data collection of the incidence of morbidities are indicative of the low priority afforded to this issue."

<https://www.sexualrightsinitiative.org/sites/default/files/resources/files/2020-02/SRI%20Submission%20to%20OHCHR%20Maternal%20Mortality.pdf> Para. 11.

The OHCHR also highlighted that "Ensuring women's human rights in relation to maternal health requires more than avoidance of death. Increased attention to maternal morbidities is needed to ensure a more holistic approach to women's health, in line with human rights obligations. High rates of maternal morbidity across the world are a result of multiple factors, which include inequality suffered by women throughout their lifetimes." Good practices and challenges to respecting, protecting and fulfilling all human rights in the elimination of preventable maternal mortality and morbidity: Follow-up report of the United Nations High Commissioner for Human Rights," 2020, [A/HRC/45/19](#), para. 66.

¹⁴⁵ Ibid.

¹⁴⁶ Beaucillon Charlotte. *Research Handbook on Unilateral and Extraterritorial Sanctions*. Edward Elgar Publishing 2021. Page 403.