

**REGIONAL COMMITTEE FOR THE  
EASTERN MEDITERRANEAN  
Seventy-first Session  
Doha, Qatar, 14–17 October 2024**

**September 2024**

**THE IMPACT OF ECONOMIC SANCTIONS ON HEALTH AND HEALTH SERVICES IN  
THE EASTERN MEDITERRANEAN REGION: WHAT ARE THE CONSEQUENCES?**

**Objectives of the event**

On 16 October 2024, a side event will be held on the impact of economic sanctions on health and health services in the Eastern Mediterranean Region.

The objectives of the event are to:

- continue dialogue and awareness-raising among Member States on the impact of sanctions on health, access to health services and other sectors that can impact health;
- propose the establishment of a systematic monitoring and reporting mechanism on the impact of sanctions on health and health services; and
- establish and/or leverage potential high-level advocacy and communication channels for reporting on the impact of sanctions on health and health services.

**Background**

WHO hosted a side event on the impact of economic sanctions on health and health systems in the margins of the 70th session of the Regional Committee for the Eastern Mediterranean in October 2023. The session was a closed event attended by Member States of the Region and the WHO Secretariat along with consultant academics. The objectives of the event were to inform Member States of the Eastern Mediterranean Region about the findings of a recent global literature review on the topic produced by the consultant academics, and provide a forum for discussion of the findings as reflected in experiences of working in settings with economic sanctions in the Region. As a follow-up to the event, Member States requested continued discussion and study of the impact of sanctions, including economic sanctions, on health and access to health care in the Region.

Eleven countries and territories<sup>1</sup> in the Eastern Mediterranean Region are currently subject to economic and/or other restrictive sanctions. Despite existing exemptions to ensure that humanitarian aid is not interrupted, heavy compliance requirements continue to impact humanitarian and health sector operations, particularly supply chain management. Furthermore, the direct and indirect consequences of sanctions are causing further suffering among affected populations, as documented in research published in 2023.<sup>2</sup>

Although there is a United Nations Special Rapporteur responsible for routine reporting on the impact of sanctions at the country level, there is no established mechanism to comprehensively and continuously monitor and assess the impact of sanctions on health and access to health services over time, focusing on the short-, medium- and long-term consequences across settings and population groups. At present, WHO lacks an official mandate from its governing bodies to routinely monitor and report on the impact of sanctions on

<sup>1</sup> Afghanistan, Iran (Islamic Republic of), Iraq, Lebanon, Libya, Palestine, Somalia, Sudan, Syrian Arab Republic, Tunisia and Yemen.

<sup>2</sup> Pinna Pintor M, Suhrcke M, Hamelmann C. 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;8(2):e010968. doi:10.1136/bmjgh-2022-010968.

health and health services,<sup>1</sup> including in fragile, conflict-affected and vulnerable settings that are facing compounded effects. Without a robust evidence base on the impact of sanctions on population health and access to health services, WHO is unable to pursue effective advocacy efforts or systematically capture best practices for addressing operational challenges and threats to people's health in these contexts.

## **Challenges in the Region**

Year on year, the Eastern Mediterranean Region continues to have the highest proportion of countries under some form of economic and/or other restrictive sanctions among all WHO regions.<sup>2</sup> WHO offices in countries/territories under sanctions have to navigate a multitude of operational and context-specific challenges that hinder their ability to respond to emergencies and effectively address people's health needs. These challenges include, but are not limited to: increased operational costs; supply chain disruption due to procurement challenges (such as supplier chilling effect, green-lighting decisions and other procurement process delays, and inability to source essential medicines, supplies and spare parts); banking prohibitions and cash transfer delays; health worker migration; disrupted access to technologies, online information and communication tools; and hindrances to scientific research and development.

The majority of countries under sanctions in the Region are also facing ongoing emergencies. Countries affected by fragility, conflict and violence face interconnected threats to health, including access constraints, damaged and deteriorating infrastructure, and interrupted supply of essential medicines, as well as health worker migration driven by hardship, low wages and job insecurity. Short-term humanitarian funding cycles cannot absorb the operational delays created by economic sanctions, while heavy dependence on emergency funding limits interventions to promote health system resilience, particularly the retention of human resources for health. As public systems become increasingly decimated by crisis, overall health system performance is impacted due to the negative consequences on health system components, while individuals and families suffer from limited access to needed health care (SDG 3.8.1) and face increased catastrophic health expenditures (SDG 3.8.2), resulting in increased morbidity and mortality.

## **Expected outcomes**

- Awareness raised among Member States on the impact of sanctions on health and access to health services.
- WHO requested to systematically share its experience in supporting populations living in countries under sanctions.
- WHO requested to develop a standardized methodology to collect data on the impact of sanctions on health and access to health services.
- Member States requested to establish and/or leverage high-level advocacy and communication channels for reporting on the impact of sanctions on health and health services, including engagement and coordination with the United Nations Special Rapporteur.
- A proposal for a side event to be developed for possible inclusion in the programme for the 72nd session of the Regional Committee in October 2025.

## **Session information**

The side event will be attended by the United Nations Special Rapporteur on the negative impact of the unilateral coercive measures on the enjoyment of human rights and/or a United Nations Regional Coordinator from one of the affected countries as well as a representative from a nongovernmental organization.

---

<sup>1</sup> With the exception of the reports of Committee B to the World Health Assembly on health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan.

<sup>2</sup> WHO Regional Office for the Eastern Mediterranean, unpublished data, October 2023.

## Further information

1. A/HRC/51/33/Add.1: Visit to the Islamic Republic of Iran: report of the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights, Alena Douhan. New York: United Nations Human Rights Council; 2022 (<https://documents.un.org/doc/undoc/gen/g22/511/85/pdf/g2251185.pdf>).
2. A/HRC/54/23: 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 - advance unedited version [website]. Office of the High Commissioner for Human Rights; 2023 (<https://www.ohchr.org/en/documents/thematic-reports/ahrc5423-impact-unilateral-coercive-measures-right-health-report-special>).
3. A/HRC/54/23/Add.1: Visit to the Syrian Arab Republic: report of the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights, Alena Douhan. New York: United Nations Human Rights Council; 2023 (<https://documents.un.org/doc/undoc/gen/g23/127/57/pdf/g2312757.pdf>).
4. A/HRC/55/62: Situation of human rights in the Islamic Republic of Iran: report of the Special Rapporteur on the situation of human rights in the Islamic Republic of Iran. New York: United Nations Human Rights Council; 2024 (<https://documents.un.org/doc/undoc/gen/g24/012/59/pdf/g2401259.pdf>).
5. Ali HY. Hepatitis B infection among Iraqi children: the impact of sanctions. *East Mediterr Health J.* 2004;10(1–2):6–11. PMID:16201703.
6. Musani A, Shaikh IA. The humanitarian consequences and actions in the Eastern Mediterranean Region over the last 60 years – a health perspective. *East Mediterr Health J.* 2008;14 Suppl:S150–6. PMID:19205615.
7. Kheirandish M, Varahrami V, Kebriaeezade A, Majid Cheraghali A. Impact of economic sanctions on access to noncommunicable diseases medicines in the Islamic Republic of Iran. *East Mediterr Health J.* 2018;24(1):42–51. <https://doi.org/10.26719/2018.24.1.42>
8. Pinna Pintor M, Suhrcke M, Hamelmann C. 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;8(2):e010968. doi:10.1136/bmjgh-2022-010968.