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# A Comparative Study of Pharmaceutical Sanctions in International Law and Islamic Norms

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International sanctions against countries, by restricting access to medicines and medical equipment, violate public health and fundamental human rights. Using a descriptive–analytical method and relying on international legal instruments (such as the International Covenant on Economic, Social and Cultural Rights) and Islamic sources (the Qur'an, hadiths, and jurisprudence), this study examines the comparative impact of pharmaceutical sanctions on health systems and their conflict with legal and ethical principles. The findings indicate that sanctions not only contradict the right to health under international law but also oppose Islamic norms such as preserving human dignity and the obligation of treatment in emergencies. Empirical cases in Iran, Iraq, and Syria confirm the increase in mortality among patients with specific conditions, shortages of essential medicines, and price inflation. This study, by offering solutions such as humanitarian exemptions and strengthening regional cooperation, emphasizes the necessity of revising sanction mechanisms to reduce human harm.

***Keywords:*** *Pharmaceutical sanctions, international law, Islamic norms, human rights, public health.*

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## 1. Introduction

Sanctions, as instruments of foreign policy, exert pressure on governments but also affect the lives of civilians, particularly in the field of health. Restrictions on the supply of medicines and medical equipment exacerbate crises such as shortages of essential drugs and the collapse of health infrastructures. This situation not only constitutes a violation of the “right to health” but also calls into question the ethical responsibility of the international community in designing sanctions (Katzman, 2015).

Sanctions (whether United Nations Security Council resolutions or unilateral/multilateral measures) target the lives of people in sanctioned states through economic and financial impacts, depriving them of access to food, medicine, medical equipment, and essential financial resources, thereby violating human rights. The right to health, as a fundamental right enshrined in the International Covenant on Economic, Social and Cultural Rights, obliges states to realize the highest attainable standard of health by ensuring equitable access to material resources such as healthcare, nutrition, and education. By restricting these resources, sanctions not only contradict states’ international obligations but also threaten the survival and development of societies (Zarei et al., 2020).

International sanctions against Iran in recent years—particularly after their intensification in 2018—have had multidimensional destructive effects on Iran's economy, health, and society. Economically, the decline in oil revenues, inflation rising above 40% in some years, and the collapse of the rial's value have sharply reduced people's purchasing power, while placing the government under budget deficits and limiting its investments in vital sectors. In the health sector, sanctions have obstructed the importation of medicines and medical equipment, exacerbating shortages of essential drugs (such as cancer, diabetes, and cardiovascular medicines) and disrupting patients' access to treatment. Numerous reports indicate an increase in preventable deaths due to drug scarcity.

Additionally, sanctions have weakened health infrastructures: hospitals face shortages of equipment, workforce, and financial resources, and the quality of medical services has declined. These conditions, combined with economic pressures, have fueled social discontent and widespread protests. Iran's international isolation has further limited economic cooperation and access to medical technologies.

These outcomes show that sanctions have not only failed to achieve their political goals but have also violated fundamental human rights (such as the right to health, food, and adequate living standards), challenging the ethical responsibility of the global community. It is essential that sanction mechanisms be reviewed with genuine humanitarian exemptions to prevent them from becoming tools for punishing civilians (Mazhari & Soleimaninejad, 2023).

Sanctions have also affected neighboring countries such as Iraq and Syria. In Iraq, drug and medical equipment shortages caused by sanctions and internal crises have disrupted access to healthcare services. In Syria, the combination of sanctions and civil war has worsened the humanitarian crisis, leading to the deaths of patients with chronic diseases due to the unavailability of medicines. From the perspective of Islamic norms, governments are obliged to ensure their citizens' right to health, but sanctions undermine this moral duty. This contradiction between Islamic principles (emphasizing the preservation of life and health) and international sanctions (violating human rights) raises serious questions about global commitments to respecting human dignity (Rajabi, 2022).

International sanctions, as instruments of political pressure, often have extensive effects on the lives of citizens in targeted countries. One of the unintended consequences of such sanctions is the disruption of access to medicines and medical equipment, which seriously threatens public health. While sanctions are typically imposed for security or political purposes, their impact on health systems results in the violation of fundamental human rights, including the "right to health." Reports from international organizations such as the World Health Organization and UNICEF indicate that in sanctioned countries like Iran, Iraq, and Syria, shortages of essential medicines such as cancer, thalassemia, and chronic disease drugs have led to humanitarian crises. For example, in Iran, a reduction in the import of pharmaceutical raw materials due to financial sanctions has caused a 300% increase in the price of some medicines and a notable rise in patient mortality.

From the perspective of international law, the right to health is explicitly guaranteed in instruments such as Article 12 of the International Covenant on Economic, Social and Cultural Rights and Article 24 of the Convention on the Rights of the Child. However, unilateral and multilateral sanctions, particularly those imposed by the United Nations Security Council, often accompany violations of these rights. The key question is whether the legitimacy of sanctions can justify the violation of human rights.

In Islamic teachings, health and the preservation of human life are of paramount importance. The Qur'an, in numerous verses (such as Qur'an, Surah Al-Ma'idah, Verse 32), emphasizes the value of human life, and Islamic jurisprudence allows lifting restrictions in emergencies to save lives (Al-Albani, 2008; Ibn Qayyim, 2004; Majlisi, 1951). Sanctions that limit access to medicines are not only in conflict with international legal norms but also contradict the ethical and religious principles of Islam. Simultaneously examining the two legal systems of "international law" and "Islamic law" in this regard is important for several reasons: first, to identify commonalities and differences to provide comprehensive solutions; second, to leverage religious capacities in Islamic societies to alleviate human suffering; and third, to propose innovative legal mechanisms based on the interaction of these two perspectives.

Sanctions are not limited to physical health; they also affect the mental health of societies by increasing poverty, unemployment, and reducing quality of life. For example, in Iraq during the 1990s, child mortality increased fivefold due to drug shortages and malnutrition (Garfield, 1999). These crises show how sanctions can create a vicious cycle of human suffering. International organizations such as the United Nations and the World Health Organization, together with Islamic bodies such as the Organisation of Islamic Cooperation, can cooperate to establish legal and practical frameworks to exempt medicines and medical equipment from sanctions. Such cooperation would not only save lives but also strengthen trust in international mechanisms.

Although many studies have addressed the impact of sanctions on health, few have focused on a comparative analysis of international law and Islamic norms in this context. This gap has led to proposed solutions lacking the coherence needed to meet the needs of sanctioned societies, especially Islamic countries.

This study, by comparatively analyzing the two legal systems, can help international policymakers design "smart" sanctions that do not violate human rights. Moreover, religious authorities and Islamic institutions can use the findings of this research to exert moral pressure on the international community and advocate for the rights of citizens. Pharmaceutical sanctions are not merely a legal or political issue but a humanitarian catastrophe requiring an ethical and multidisciplinary approach. This research, by integrating legal and religious frameworks, seeks to offer a pathway to reduce human suffering and strengthen international commitments to human rights. In a world where sanctions have become common tools, such studies build a bridge between "law" and "conscience."

The research question addresses two key aspects: what effects pharmaceutical sanctions have on the right to access health and essential medicines from the perspectives of international law and Islamic norms, and whether such sanctions are compatible with the legal and ethical principles of these two systems.

The hypothesis predicts that pharmaceutical sanctions are unjustifiable and violate fundamental human rights from both systems (international and Islamic). This hypothesis can be tested through empirical examples such as Iran and by analyzing legal and religious documents. Pharmaceutical sanctions not only contradict the right to health in international human rights instruments (such as the International Covenant on Economic, Social and Cultural Rights) but also oppose Islamic norms based on preserving human dignity, the obligation of treatment in emergencies, and the responsibility of states to provide healthcare needs. These sanctions, by restricting access to essential medicines, constitute a systematic violation of the fundamental rights of citizens in targeted countries (Behamiri & Mohammadi, 2018; Habibi, 2007; Sadat Akhavi et al., 2017).

## 2. Sanctions Under International Rules

In international law, sanctions refer to coercive measures imposed by competent bodies (such as the United Nations Security Council) under Article 39 of the Charter of the United Nations in response to a threat to the peace, breach of the peace, or act of aggression. These sanctions must have a legal basis and be grounded in the decisions of legitimate international institutions. In contrast, unilateral or collective punitive measures outside this framework (such as arbitrary sanctions imposed by some states) lack legal legitimacy and do not fall within the precise definition of "sanctions." For example, Security Council sanctions against North Korea are considered lawful sanctions, whereas unilateral United States sanctions against Iran are regarded as arbitrary measures due to the absence of international authorization.

Ambiguity in determining what constitutes a "threat to peace" and the inherent contradiction in terms such as "autonomous sanctions" are key challenges in the legal interpretation of sanctions. Nonetheless, the term "sanctions" has been widely used in practice—not only in non-legal discourse but also in legal literature and various official documents—to describe both United Nations enforcement actions and autonomous measures. Although the word "sanctions" is not explicitly mentioned in the Charter of the United Nations, Security Council resolutions sometimes refer to such measures as "sanctions" even when taken in response to actions that are not necessarily unlawful (Patel, 2000; Wood & Sthoeger, 2022).

Regarding autonomous measures, actions taken unilaterally by the United States are explicitly referred to as "sanctions" in the titles of their relevant laws. For

example, the U.S. law imposing specific measures against Iran is titled the "Comprehensive Iran Sanctions, Accountability, and Divestment Act of 2010." In the European Union, however, all such measures are officially referred to as "restrictive measures" because Article 215 of the Treaty on the Functioning of the European Union (TFEU), which forms the legal basis for the relevant EU regulations, refers to measures involving the interruption or reduction of economic and financial relations with third countries as "restrictive measures."

Nonetheless, this does not mean that the European Union has never used the term "sanctions." It sometimes uses this term alongside "restrictive measures," as in the 2004 Council of the European Union document entitled *Basic Principles on the Use of Restrictive Measures (Sanctions)* (Patel, 2014). Therefore, the term "sanctions" is broadly used to refer to coercive actions taken against the will of a targeted state or entity.

### *2.1. Theories of Sanctions*

This section examines three main approaches to sanctions: a) the theory of absolute state sovereignty,
b) the theory of illegitimacy of sanctions, and
c) the mixed (neutrality) theory.
These theories are based on the extent of states' authority to impose sanctions.

**Theory of Absolute State Sovereignty**

According to this theory, no rule in treaties, customs, or general principles of international law obliges sovereign states to establish or maintain relations with other countries. The fundamental principle of this theory is that each state has full discretion to decide whether or not to engage in international interactions. This view is rooted in the ideas of the Christian Wolff, a German philosopher, and the Emer de Vattel, a Swiss jurist, who argued that the primary duty of each state is to strive for its own perfection. Thus, a state's obligations toward itself take precedence over its obligations toward other states or the international community (Shafi'i & Akhavan, 2019; Zahrani, 1997).

Traditional sovereignty theory regards any form of economic pressure to advance political or economic interests against other states as permissible. Some authors, emphasizing the duty to safeguard national interests as part of sovereignty, argue that just as every state has the right to trade with others, it also has the right to refrain from any trade it deems harmful (Zahrani, 1997).

**Theory of Illegitimacy of Sanctions**

This theory, also called the "legal prohibition" theory, asserts that economic warfare and the imposition of any economic restrictions or prohibitions are impermissible and unlawful under international law. Inspired by the ideas of free-trade advocates, this theory views sanctions as generally prohibited and recognizes the right to trade as part of financial and civil rights and one of the fundamental human rights.

According to this view, sanctions undermine global economic cohesion and cooperation among nations. The United Nations General Assembly has condemned the use of coercive economic measures to achieve political objectives, and the United Nations Conference on Trade and Development (UNCTAD) has condemned coercive measures against developing countries. Unilateral sanctions conflict with the right to development and constitute clear interference in the internal and external affairs of states, violating Article 2(7) of the Charter of the United Nations.

Proponents of this theory consider illegitimacy specific to unilateral sanctions while viewing United Nations sanctions as legitimate (Hufbauer, 2007; Shafi'i & Akhavan, 2019; Zahrani, 1997).

**Mixed (Neutrality) Theory**

The mixed theory stands between the theory of absolute state sovereignty and the theory of illegitimacy of sanctions. It accepts the permissibility of sanctions but emphasizes that they should not negatively affect other actors and their harmful impacts should be minimized (Habibi, 2007; Shafi'i & Akhavan, 2019).

According to this theory, the negative effects of economic sanctions can endanger the interests of third-party countries engaged with the sanctioned state. The fear of secondary sanctions by sanctioning states may not only weaken the target state's economy but also deter third states from maintaining economic relations with it.

For example, under current conditions in Iran, many companies refrain from providing even non-sanctioned goods and services out of fear of sanctions. According to the mixed theory, secondary sanctions are impermissible. The United Nations also opposes secondary sanctions against third-party states.

The United Nations Security Council, in Resolution 95 dated 1 September 1951, emphasized that the

restrictions imposed by Egypt on the passage of goods through the Suez Canal destined for Israel deprived countries not involved in the Palestine conflict of access to resources essential for their economic reconstruction.

### *2.2. Types of Sanctions*

Economic sanctions: Distinct from purely trade-related embargoes, economic sanctions include prohibitions on commerce in specific sectors (such as arms), often with exceptions for food and medicine. With political aims, they have a long historical pedigree; a prominent early example dates to ancient Greece (432 BCE), when Pericles, in response to territorial incursions and sacrilege against Athenian women, banned imports from Megara—using sanctions as a tool of pressure. Elsewhere, economic sanctions are a more recent phenomenon; for instance, in the 18th century, American colonists' boycott of British goods in reaction to the "Stamp Act" (1765) helped spark the American Revolution. These examples illustrate the role of sanctions as a lever for political–social change throughout history (Hufbauer, 2007).

Economic sanctions are coercive measures intended to compel the target state to change policies by means of financial restrictions (such as asset freezes and bans on banking transactions), trade restrictions (export/import bans on specific goods), or comprehensive blockades (cutting off the flow of goods). Their roots lie in antiquity (e.g., the Megarian decree in Greece) and in historical instances like colonial America's sanctions against Britain. After World War II, institutions such as the United Nations expanded the use of this tool. The primary objective is to impose economic costs; however, collateral effects include shortages of medicines and food and the aggravation of humanitarian crises in sanctioned countries (Portela, 2016). Nevertheless, the effectiveness of economic sanctions has been challenged, as their severe impacts often harm the general population more than the targeted regimes they are designed to pressure (Hufbauer, 2007).

Diplomatic sanctions: Diplomatic sanctions are measures that reduce or sever political relations—such as closing embassies, revoking officials' visas, or excluding a state from international bodies—in order to exert symbolic pressure on the target country. Notable examples include the rupture of relations between the United States and Iran in 1980, the closure of Canada's embassy in Iran in 2012, South Africa's exclusion from the United Nations during apartheid, and the European Union's sanctions on Austria in 2000. Using tools like expelling diplomats, canceling official visits, or limiting international participation, these measures aim to isolate and induce behavioral change through political pressure and, unlike economic or military sanctions, focus more on symbolism and delegitimization.

Military sanctions: Military sanctions encompass prohibitions on the sale of weapons and on military assistance or training to states or groups in breach of international obligations, with a view to preventing escalation of armed conflict and reinforcing international peace. Illustrative cases include United Nations sanctions against Iraq, Libya, Somalia, and Iran (since 2006 under Resolution 1747). Such sanctions may range from restricting dual-use equipment to targeted actions aimed at degrading military capabilities. Organizations like the European Union have also used these measures—for example, in sanctions related to Ethiopia and Eritrea—to reduce tensions. The central objective is to curtail the capacity for human rights violations or aggression by depriving access to military resources (Hufbauer, 2007).

Scientific, cultural, and sports sanctions: Sports, academic, and cultural sanctions aim to isolate the target state and generate psychological pressure on its citizens by barring athletes, artists, and students from international events or institutions. Designed to weaken national identity and reduce diplomatic influence, historical examples include South Africa's exclusion from the Olympics and international cricket during apartheid; restrictions on nuclear-related academic fields for Iranian students in the United States; and sports sanctions against Russia and Belarus following the 2022 invasion of Ukraine (e.g., bans on flags and hosting events). Such sanctions sometimes appear in United Nations Security Council resolutions (e.g., Resolution 757 against Yugoslavia in the 1990s) or in nonbinding agreements (such as the 1977 Gleneagles Agreement against South Africa). Their effectiveness is often limited, however, because some states or organizations (e.g., British rugby tours to South Africa in 1981) refuse to comply. Beyond targeting governments, these measures also deprive civilians of global opportunities and thereby infringe fundamental rights (Alavi et al., 2021).

Environmental sanctions: Emerging after the United Nations Conference on the Human Environment (1972), environmental sanctions are designed to protect the environment but can themselves produce harmful effects on the environments of sanctioned states. By limiting access to clean technologies, they can push countries toward older, more polluting technologies, infringe citizens' right to a healthy environment, and undermine the implementation of international environmental commitments (such as pollution reduction and biodiversity conservation). Moreover, cutting financial and technical assistance to sanctioned states weakens their capacity to raise environmental standards. This contradiction underscores the need to revise sanction mechanisms to prevent the exacerbation of global environmental crises (Mashhadi & Rashidi, 2015).

Environmental sanctions, by affecting trade and economies, address challenges such as protecting endangered species and controlling ozone-depleting substances. Although relatively new, environmental concerns have spurred global cooperation. Conversely, individual sanctions by the Security Council against political or economic leaders are often ineffective due to those individuals' ability to evade restrictions. In international law, targeted sanctions against natural persons have emerged—particularly with respect to Iran—aiming to constrain state officials and certain citizens (e.g., scientists and students connected to missile or nuclear technologies). These measures, imposed multilaterally by the Security Council and the European Union and unilaterally by the United States and its allies, include financial and travel restrictions (Hufbauer, 2007; Ziaei & Mohammadi Motlagh, 2014).

## 3. The Right to Health

The right to health, as an inherent and fundamental right recognized under Iran's legal system and international instruments, guarantees individuals access to the highest attainable standards of physical and mental health. This right encompasses access to medical services, public health, adequate nutrition, suitable housing, a safe working environment, and a clean environment. States are obligated, through immediate measures (such as ensuring essential medicines) and long-term policies (such as improving health infrastructure), to create the conditions necessary for realizing this right. By enacting domestic laws (e.g., the Constitution and development programs) and acceding to international conventions (such as the International Covenant on Economic, Social and Cultural Rights), Iran has recognized and committed to protecting the right to health. Although states cannot guarantee perfect health, establishing the legal and practical framework for equitable access to health services remains an undeniable responsibility. This right also enjoys a firm status in global instruments like the Universal Declaration of Human Rights and in customary international law, and is regarded as an aspect of human dignity (Habibi, 2007).

The right to health is generally categorized among the second generation of human rights. Its definition and scope—as with some other human rights—are contested and ambiguous. Various formulations have been used, including "the right to healthcare," "the right to health protection," "the right to medical care," and, in a broader sense, "health rights." At the United Nations level, however, the expression "right to health" is more commonly used. Despite recognition of the right, its precise content is not entirely clear, and arriving at a definition is complex. The phrase "right to health" is imprecise, and health itself is a relative concept that varies with individuals, living environments, and types of activity. In a narrow sense, health denotes the normal, disease-free functioning of bodily organs; in a broader sense, it refers to complete physical, mental, and social well-being, of which the absence of disease is only one component. Nor does a temporary illness necessarily mean a person has "lost" health, since illness may be transient or even natural. Health is a condition that cannot be granted or guaranteed to someone in the absolute. Moreover, loss of health may sometimes result from a person's own actions (such as using tobacco or alcohol) and sometimes from others' actions. Accordingly, the right to health cannot be defined as a right to be healthy or to be free from illness (Behamiri & Mohammadi, 2018).

As a foundational human right, the right to health derives from inherent human dignity and includes access to the highest attainable standards of physical and mental well-being. Beyond clinical definitions, it encompasses healthcare services, adequate food, suitable housing, a safe workplace, and a clean environment. States must take immediate steps (such as providing medicines) and long-term measures (such as improving infrastructure)

to realize this right. The principal challenge lies in articulating an objective and measurable definition, given that health intersects with complex dimensions like economics, the environment, and culture. The right to health is a prerequisite for a life of quality and for other human rights; deprivation of minimal health conditions not only violates human dignity but also renders the realization of rights such as education and employment impossible. Instruments like the International Covenant on Economic, Social and Cultural Rights ground this right in human dignity and bind states to ensure it. Thus, health is not merely a right in itself but also a foundation for achieving justice and freedom in the global community (Behamiri & Mohammadi, 2018).

### *3.1. The Concept and Status of the Right to Health in the International Human Rights System*

The right to health is recognized as a fundamental right in international and regional human rights instruments, including the Charter of the United Nations, the International Covenant on Economic, Social and Cultural Rights (Article 12), and the Universal Declaration of Human Rights (Article 25). It is also protected in instruments such as the International Convention on the Elimination of All Forms of Racial Discrimination, the Convention on the Rights of the Child, and the Convention on the Elimination of All Forms of Discrimination against Women, which emphasize equitable access to healthcare services.

At the regional level, documents such as the American Convention on Human Rights, the African Charter on Human and Peoples' Rights, and the Cairo Declaration on Human Rights in Islam regard health as an inseparable part of human dignity. The World Health Organization also declared in its 1946 constitution that the highest attainable standard of health is the right of every human being.

States are obligated to ensure access to healthcare services, a healthy environment, and adequate living standards through immediate measures (such as supplying essential medicines) and long-term policies (such as improving health infrastructure). However, international sanctions, by restricting financial and trade resources, have led to systematic violations of this right and have intensified crises such as essential medicine shortages and the collapse of health systems. These violations not only undermine the right to health but also weaken the legal foundations of other rights such as education and employment, thereby underscoring the responsibility of the global community to revise sanction mechanisms (Boutros-Ghali & Secretary-General, 1995). The right to health, as a customary norm of international law, is binding on all states. Research by the International Commission of Jurists shows that this right has been recognized in the constitutions of many countries. This global consensus challenges the legality of sanctions that restrict access to medicines and medical equipment (International Law, 2001).

### *3.2. The Right to Health in Islamic Norms*

Health and hygiene, as central to well-being and human dignity, hold a special place in Islamic teachings and in the Qur'an, which emphasize the value and preservation of life. The right to health encompasses access to healthcare, medical treatment, and health protection, and is intrinsically linked to human dignity in both religious and international human rights systems (Mahoney, 1993).

As part of the second generation of human rights, the right to health is recognized in international instruments such as the International Covenant on Economic, Social and Cultural Rights and in regional conventions, and is closely connected to rights such as social security and the right to development. This right not only ensures access to healthcare but is also a prerequisite for achieving social justice and public welfare.

In Islamic teachings, health is considered both a “divine blessing” and a “religious duty,” and its preservation is a fundamental principle of life. The Qur'an emphasizes gratitude for the blessing of health, considering it a condition for the increase of divine blessings. However, international sanctions, by restricting access to medicines and medical equipment, violate this fundamental right and exacerbate humanitarian crises. This contradiction between states’ legal obligations and the effects of sanctions highlights the need to reform international mechanisms to preserve human dignity (Majlisi, 1951; Yasin Abdi & Ketabi Roudi, 2014).

Health is not only a prerequisite for preserving life but also a fundamental condition for implementing the divine Sharia. Islamic teachings can only be institutionalized if individuals in society enjoy physical and mental well-being. Al-Ghazali stated: “The structure of religion is based on knowledge and worship, and this

is only possible through preserving health and sustaining life." For this reason, in Islam, health is recognized as the greatest blessing after faith in God.

The Prophet Muhammad also mentioned in several hadiths: "After faith in God, no blessing has been given to mankind equal to health," and "Ask God for faith and health, for nothing is more valuable than these two." He also said: "Whoever wakes up safe and healthy in his body and has sufficient daily provision, it is as if the whole world has been given to him" (Qazvini, 2001).

Islam encourages people to value the blessings of health and free time: "There are two blessings that many people are heedless of: health and free time." In another hadith: "Seize five things before five: your youth before old age, your health before illness, your leisure before being preoccupied, your wealth before poverty, and your life before death" (Hakim, 2006).

Ibn Qayyim also emphasized that "Whoever examines the teachings of Islam carefully will realize that this religion pays special attention to physical, mental, and environmental health and offers the best strategies in this regard." He added: "Maintaining physical and mental health requires proper nutrition, appropriate clothing and housing, clean air, sufficient sleep, physical activity, and timely marriage. If these factors are balanced and tailored to individual and environmental conditions, they ensure health and vitality until the end of life" (Ibn Qayyim, 2004).

In another hadith, the Prophet said: "Whoever has a healthy body, family tranquility, and sufficient food, it is as if he possesses the entire world." He also said: "On the Day of Judgment, the first blessing people will be questioned about is: 'Did We not give you a healthy body and cool water to drink?'" Some commentators, in interpreting the verse *"Then, on that Day, you will surely be asked about the blessings"* (Qur'an, Surah Al-Takathur, Verse 8), state that one of the blessings people will be questioned about is health.

The value of health in religious teachings is so high that the Prophet described it as a precious blessing and sought refuge in God from anything that threatens it, saying: "O God! I seek refuge in You from leprosy, insanity, vitiligo, and other serious diseases," and: "O God! Grant me health of the body and eyes," and "O God! I ask You for health and forgiveness in my religion, my worldly life, my family, and my wealth. O Lord! Conceal my faults, calm my fears, and protect me from all directions" (Al-Albani, 2008).

### *3.3. Islam and Support for Health within the Social Security System*

The right to health, in its broad sense—meaning the preservation of life and the dignified enjoyment of living and developing the earth—has a special place in Islam. Islam has established specific rules to preserve and enhance the health of individuals and society, the observance of which provides protection from physical, mental, and spiritual diseases.

Islamic teachings emphasize hygiene and cleanliness as key tools for ensuring health and wellness. As stated in the Qur'an (Surah Al-Baqarah, Verse 222): *"Indeed, God loves those who repent and those who purify themselves."* Moreover, Islam strongly emphasizes healthy nutrition, suitable housing, safe drinking water, and a clean environment. Of particular relevance to this study is the conception of the right to health as closely related to social security, encompassing the obligation of treatment and the provision of healthcare and medical support for vulnerable groups such as the elderly, children, women, orphans, and the ill (Yasin Abdi & Ketabi Roudi, 2014).

## 4. The Impact of Sanctions on the Provision of Physical and Mental Health and Public Hygiene

The right to health and the corresponding obligations of states, irrespective of temporal limits, are divided into material and thematic domains. In the material domain, states' obligations (as with other economic–social rights) are constrained by available resources. In the thematic domain, the central question is whether these obligations cover only those within a state's territorial jurisdiction or extend to all persons. Although there is no definitive answer in international law, evidence supports a general obligation of states to respect the right to health of all people—even beyond their borders (Zare et al., 2013).

States must ensure equitable access to medicines and health services—especially for less-resourced countries—and assess cross-border policies for their health impacts. They must also refrain from restricting treatment, discriminating in health services, censoring health information, and polluting the environment. Sanctions that block essential medicines breach these duties and entail international responsibility. States

must also refrain from using or testing nuclear, biological, or chemical weapons that may endanger human health, and they must avoid restricting access to health services as a punitive measure, particularly during armed conflicts (List, 2011; Minister of, 2002).

Beyond responsibilities within their territory, states bear international obligations to safeguard the right to health and must not take actions that threaten the health of persons in other countries. Under international law, a state's activities (such as environmental pollution or sanctions policy) must not adversely affect the health or environment of other states; these duties transcend borders, and their violation entails legal responsibility (Garfield, 1999). The Committee on Economic, Social and Cultural Rights has likewise emphasized that states should refrain from imposing sanctions or restrictive measures that disrupt the supply of medicines and medical equipment to other countries, and such restrictions must not be used as political or economic tools. Articles 1 and 55 of the Charter of the United Nations require international cooperation to raise living standards and address health problems, and Article 2 of the International Covenant on Economic, Social and Cultural Rights obliges states to realize the right to health through the maximum of available resources and cross-border cooperation—underscoring the global community's commitment to equitable access to health for all (International Law, 2001).

The right to health—intertwined with rights to water, food, and a healthy environment—is violated by sanctions like those imposed on Iraq. Article 12 of the International Covenant on Economic, Social and Cultural Rights and the authoritative interpretations of the relevant committee have equated comprehensive sanctions (including pharmaceutical embargoes) with warfare in terms of their destructive effects on health, deeming them breaches of states' human rights and ethical obligations (Minister of, 2002; Setayesh & Mackey, 2016).

Sanctions against Iran have reduced government revenues and cut health-sector subsidies, constraining investment in health, education, and social security. The government has been forced to re-prioritize from supporting low-income groups to crisis management, resulting in higher out-of-pocket medical costs and reduced access to care—especially for vulnerable populations. Although humanitarian items and medicines are nominally exempt, administrative and compliance complexities have disrupted pharmaceutical exports to Iran (Garfield, 1999). Restrictions on Iranian banks' interactions with the international banking system and with U.S. companies have produced foreign-exchange shortages and impeded guarantees of shipment, insurance, and ancillary services necessary for pharmaceutical trade—leaving millions of Iranians with life-threatening conditions facing shortages or unaffordable prices and fueling a black market. While the right to health in Iran is protected as a fundamental right through a public–private network and nonprofit institutions, these pressures have placed the health system under unprecedented strain (Abdollahi et al., 2021; Zarei et al., 2020).

The right to health and access to medical services are recognized as fundamental in international instruments such as the International Covenant on Economic, Social and Cultural Rights and the Convention on the Rights of the Child, obligating states to improve infrastructure and ensure equitable access. Economic sanctions—such as those on Iraq—by causing medicine shortages, degrading water systems, and increasing disease, violate public health and intensify humanitarian crises. The United Nations Secretary-General's 2013 report documents increased mortality and malnutrition under such regimes, exposing the contradiction between states' human rights commitments and the destructive effects of sanctions—and prompting calls to lift Iraq's sanctions to reduce human suffering (Secretary, 2013; Setayesh & Mackey, 2016).

Security Council sanctions (e.g., Resolutions 1903, 1734, and 1929), by restricting imports of medical materials to Iran, have impaired the right to health and to an adequate standard of living (Articles 11 and 12 of the ICESCR). These measures have reduced production and national income, exacerbated inequities in the distribution of goods, and deprived many of a minimum livelihood. Experiences in Iraq and Haiti show that similar sanctions produce a recurring pattern of human rights violations—medicine and food shortages and the breakdown of health services—raising questions about the international community's responsibility for public health (Katzman, 2015; Zare et al., 2013).

United Nations Security Council Resolution 1929, by constraining Iran's access to medical equipment and oil revenues, undermined the right to an adequate life and

intensified humanitarian crises in deprived regions. After partial suspension of sanctions (Resolution 2231), inflation and capital shifts into housing sharply increased purchase and rental costs, while construction quality declined with safety standard violations (e.g., gas systems). According to forensic statistics, thousands die annually due to incidents such as fires, explosions, and elevator failures in substandard buildings, and occupational accidents in construction projects show a worrying trend. UNICEF's 1999 report found that international sanctions against Iraq doubled under-five mortality in the country's southern and central regions, due to contaminated drinking water, lack of quality food, reduced breastfeeding, and inadequate health facilities; daily caloric intake fell by 32% compared to pre–Gulf War levels. United Nations reporting likewise described the 1990s Iraq sanctions as violating human rights; however, reforms in the Security Council failed because of permanent-member vetoes—leaving transparency and accountability pressure as the principal recourse (Secretary, 2013; Setayesh & Mackey, 2016).

### *4.1. The Negative Impact of Sanctions on Access to Medicines*

**The right of access to medicines:** In clarifying the scope of the right to health as a multidimensional right, the Committee on Economic, Social and Cultural Rights identifies states' core obligations as: (1) ensuring non-discriminatory access to health-related facilities, goods, and services; (2) ensuring access to a minimum essential level of nutritionally adequate and safe food so that all are free from hunger; (3) ensuring access to housing and safe drinking water; (4) providing essential medicines; (5) equitable distribution of all health-related facilities, goods, and services; and (6) adopting and implementing a national public-health strategy and plan of action (Aghaei & Rezagholizadeh, 2018).

To determine the specific content of the **right to medicines**, General Comment No. 14 of the Committee on Economic, Social and Cultural Rights plays a pivotal role. Notably, the elaboration of this content drew, first and foremost, on states' national practices as reported to the Committee; the Committee synthesized these state experiences in formulating General Comment No. 14, which in turn has significantly advanced the right to health and, consequently, the right to medicines (Behamiri & Mohammadi, 2018; Garfield, 1999). What appears in Article 12 of the ICESCR—"the right of everyone to the enjoyment of the highest attainable standard of physical and mental health"—is phrased broadly; it is not specified whether "health" is defined as the absence of disease or, as the World Health Organization formulates it, a state of complete physical, mental, and social well-being.

In any case, the wording of Article 12 indicates that this is a comprehensive right that also encompasses the socio-economic conditions necessary for healthy living—such as food, housing, and healthcare (Aghaei & Rezagholizadeh, 2018). Access to medicines is essential for the prevention and treatment of illness and for controlling communicable diseases. Medical and clinical services equally presuppose the availability of medicines. In fact, **access to medicines** is an integral component of enjoying the highest attainable standard of health and thus an inseparable part of the right to health, as recognized across numerous instruments (Kokabisaghi, 2018).

Under the constitutional law of some countries, access to medicines is expressly recognized as part of the right to health. For example, the Constitutional Court of South Africa required the state to make antiretroviral medicines to prevent mother-to-child transmission of HIV widely available (Minister of, 2002). Consistent with General Comment No. 14, **physical and economic access to essential medicines** constitutes part of the core of the fundamental right to health; sanctions that disrupt such access or inflate medicine prices breach states' obligations under the ICESCR, threatening public health and undermining human dignity (Kokabisaghi, 2018). The World Health Organization periodically updates the **Model List of Essential Medicines**, offering a flexible definition, while responsibility for exact national identification rests with states (List, 2011). In Iran, geopolitical constraints and foreign-exchange restrictions linked to sanctions have erected serious barriers to procuring life-saving medicines, channeling humanitarian trade—including medical items—into costly, complex pathways that erode access to health (Kokabisaghi, 2018). The international legal framework anchored in instruments like the **Universal Declaration of Human Rights (1948)** and multiple treaties recognizes the right to health and access to healthcare as fundamental, obligating states to take necessary measures for its progressive realization and to prevent

its violation by other actors. Nevertheless, despite claimed humanitarian exemptions, sanctions create economic and political obstacles that disrupt access to medicines and health services. Authoritative reports (including United Nations assessments) show that sanctions, by reducing national income and constraining trade, threaten public health and increase preventable mortality—highlighting the contradiction between states' human-rights commitments and the practical effects of sanctions, and the need to revisit sanction mechanisms and strengthen international oversight (Minister of, 2002).

The harms of disease—threats of disability and death—have intensified particularly for patients with complex and chronic conditions such as hemophilia, thalassemia, cancer, renal failure requiring dialysis, liver failure, organ-transplant recipients, hepatitis, HIV/AIDS, and cardiovascular disorders. Procuring items like blood-collection bags, laboratory tubing, platelet-apheresis sets, coagulation kits, and antisera—sourced internationally—has faced severe hurdles, including direct or indirect refusals to supply by U.S. and European companies. These barriers not only heighten physical and psychological burdens on patients but also increase the state's financial load for treatment (Kokabisaghi, 2018).

### *4.2. Medicine-Related Restrictions Imposed on Iran*

United Nations Security Council Resolution 1929, together with the European Union's oil embargo and stringent restrictions on finance, insurance, and ship inspections affecting Iran's banking system, precipitated declining government revenues, currency depreciation, runaway inflation, and negative economic growth. Consequences included reduced state capacity to provide public services, rising unemployment, and diminished purchasing power—especially among low-income groups. In the health sector, sanctions disrupted the importation of life-saving medicines (e.g., for cancer and diabetes), producing shortages of 50 to 90 items, with exorbitant prices or outright unavailability. Vulnerable groups, such as thalassemia patients, suffered fatalities due to the scarcity of iron-chelation therapies. These sanctions not only damaged Iran's economy but also violated citizens' fundamental rights to health and to an adequate standard of living (Sadat Akhavi et al., 2017).

Banking-system constraints further discouraged multinational pharmaceutical companies from shipping medicines to Iran, leading to shortages for conditions such as cancer and cardiopulmonary diseases. Reports have noted that sanctions have obstructed Iranian patients' access to essential drugs (Katzman, 2015; Secretary, 2013).

Shortages of critical oncology medicines (e.g., fluorouracil, doxorubicin, vinorelbine, and bevacizumab), as well as asthma and multiple-sclerosis drugs, have driven patients to black-market channels, where prices rise by up to 40% and quality is not guaranteed. With roughly 50% of domestic pharmaceutical production dependent on imported active ingredients, production challenges have intensified and supply-chain disruption risks have grown. Some patients discontinue treatment due to prohibitive costs. Although pharmacies have resorted to rationing, hoarding and smuggling of scarce items with uncertain quality and health risks persist—severely jeopardizing safe access to care, particularly for special-needs patients (Katzman, 2015; Kokabisaghi, 2018).

As a result of sanctions, Iran has increasingly turned to countries such as China and India to source medicines; however, this shift has at times been accompanied by concerns over product quality. Prices for imported pharmaceuticals and related products such as infant formula have sharply increased, fueling black-market growth and intensifying household economic strain. Currency-provision constraints have been identified by health-regulatory officials as a key barrier to supplying essential medicines (e.g., clobazam for epilepsy). Foreign firms also face significant restrictions on trade with Iran due to U.S. sanctions, and many European companies have declined cooperation, forcing difficult choices between commerce with Iran and access to U.S. markets (Abdollahi et al., 2021; Katzman, 2015).

## 5. Conclusion

International sanctions have disrupted Iran's access to medicines and medical equipment by creating financial and logistical barriers. Banking and currency restrictions have complicated pharmaceutical imports and deterred foreign companies from selling directly to Iran. Consequently, Iran has been forced to procure medicines through intermediaries at several times the normal cost, while shipping and insurance sanctions have driven up

transportation expenses, and currency volatility has rendered medicine prices unaffordable for many patients. Reports even indicate the halting of pharmaceutical shipments. This situation not only violates the right to health, but also underscores the responsibility of the international community to review sanction regimes and strengthen practical humanitarian exemptions (Garfield, 1999; Zarei et al., 2020).

Following the imposition of international sanctions by Western actors, access to medicines—as a core element of the right to health—has faced severe challenges. The right to medicines, as a derivative of the right to health, is specifically protected under the International Covenant on Economic, Social and Cultural Rights, which as of December 2012 had 160 state parties, and even the United States, while not ratifying the Covenant, is a signatory and thus obligated under Articles 18(a) and (b) of the Vienna Convention on the Law of Treaties to refrain from acts that would defeat the object and purpose of a treaty it has signed. Yet sanctions on Iran's currency transactions and banking system have created severe constraints on opening letters of credit for importing medicines and medical equipment, resulting in shortages or soaring drug prices—contrary to the content of the right to medicines as defined in General Comment No. 14 of the Committee on Economic, Social and Cultural Rights, and amounting to a serious breach of states' human-rights obligations under the Charter of the United Nations and human rights treaties, especially the ICESCR (Abdollahi et al., 2021; International Law, 2001).

Key legal debates regarding the sanctions imposed on Iran focus mainly on their legitimacy and compliance with legal principles. International bodies such as the United Nations Security Council, the European Union, and the United States are required to provide sound legal justifications when imposing restrictions on a state, to ensure their measures carry international legitimacy. However, in Iran's case, these sanctions appear driven more by the political agendas of decision-making entities than by rigorous legal reasoning. Nonetheless, because they were adopted by bodies with formal legal competence (like the UN Security Council), they are considered legally binding, even if legally contentious (Patel, 2000; Wood & Sthoeger, 2022).

On the other hand, the humanitarian impact of sanctions on the lives of Iranian citizens is significant. Banking and trade restrictions by the U.S. and the EU have disrupted Iran's access to international financial resources and indirectly affected its ability to secure essential goods, including medicines and medical equipment. Yet human rights instruments such as the Universal Declaration of Human Rights (1948) and the International Covenant on Economic, Social and Cultural Rights (1966) recognize the right to health and to an adequate standard of living for all. While sanctions do not directly target medicines, their disruption of financial systems has made procuring medical necessities difficult, resulting in the indirect violation of human rights (Behamiri & Mohammadi, 2018; Boutros-Ghali & Secretary-General, 1995).

A striking contradiction emerges here: the UN Security Council—entrusted under the Charter of the United Nations with maintaining international peace—has at times endorsed sanctions that undermine human rights. For instance, United Nations General Assembly Resolution 1970 (1970) stresses that all member states must respect human rights, yet the unilateral implementation of sanctions by some countries shows how political considerations often override human-rights commitments (Rajabi, 2022; Shafi'i & Akhavan, 2019).

Strategic Recommendation: Iran can leverage international legal mechanisms such as the International Court of Justice and engage actively in forums like the United Nations General Assembly to document and expose human-rights violations arising from sanctions. Mobilizing global media platforms and cooperating with international human rights NGOs can also help shape public opinion and generate pressure to lift these sanctions.

## Authors' Contributions

Authors contributed equally to this article.

## Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

## Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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