

# The Direct Impact of Sanctions on Crisis Management of Unexpected Events in Iran

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## Abstract

The issue of the impact of sanctions on crisis management of unexpected events in Iran is one of the important issues that has not received much attention. In the last decade, the Islamic Republic of Iran has witnessed the most severe type of sanctions. At the same time, numerous unforeseen events, including floods and earthquakes, have caused great financial and human losses in recent years. This article attempts to examine the impact of sanctions on crisis management in Iran. The present article is a descriptive-analytical study and uses the library method. The results of the study indicate that economic sanctions have certainly always been associated with harmful effects that, without any distinction, harm the military and civilian forces, especially the vulnerable groups of countries. Difficulty and even lack of access to arbitrators, lack of currency transfer and the impossibility of providing medicine and in general the negative impact on the right to health and well-being of citizens and the inability of the government to ensure the right to health, are the most important negative effects of sanctions on crisis management of unexpected events in Iran.

**Keywords:** Sanctions, Crisis Management, Unexpected Events, Iran

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## Introduction

One of the issues and problems of crisis management in our country is how to provide resources to carry out its activities in the face of severe economic sanctions. One of the economic and political tools to impose the demands of one country, in other words, to secure its interests by another country, is the use of sanctions. In this case, the large and influential country in the world of politics and economics will be able to impose economic and political costs on the smaller country by imposing restrictions and the less influential one. This situation will take on more serious dimensions if other important economic and political actors of the world accompany the great provocative country; the same sanctions imposed on the Iranian economy. Sanction is a series of actions that are carried out without using threatening forces against the country, target or individual. International sanctions are penalties imposed in the context of the

declared consequences of a failure to comply with international standards or requirements (Doxy, 1990). Sanctions are instrumentally classified into economic and non-economic sanctions. Non-economic sanctions such as not issuing visas to officials of the sanctioned government in an international organization, opposing the sanctioned country's offer to host important international events such as the World Cup, the Olympics, etc. can be achieved by means other than imposing economic costs. Economic sanctions have trade and financial aspects that in trade sanctions, prohibitions and restrictions on exports and imports are applied, but in financial sanctions, the sanctions refrain from conducting financial transactions, money transfers and investments and by using its influence in international financial institutions prevents any technical cooperation, formal investment and the conclusion of loan agreements. It should be noted that the most

severe form of financial sanctions is the blocking or confiscation of the assets of the sanctioned country or their leaders (Ebadi Mehr, 2008). The fundamental question that arises in this regard is what effect have sanctions had on crisis management in Iran.

## 2- Theoretical Framework

Crisis management is an applied science that attempts to prevent crises by systematically observing crises and analyzing them; looking for a means by which crises can be prevented and in case of reduction of their effects, readiness for quick relief and improvement of the situation can be taken (Kazemi, 2002). In fact, crisis management is the process of reducing accident risk by using anti-crisis resources in an efficient and effective way, despite the various factors that exist in estimating the risk. It is believed that risk in general can be reduced by increasing managerial capacity and managers can use the science of technology to design a crisis management executive plan (at any of the various regional and national levels) (Rastegar and Ajami, 2005). Such programs, in addition to executive instructions, should clearly define the decision-making process for crisis managers and thus support them in making decisions for crisis situations (Faqhami Farahmand, 1992). This point indicates that the crisis and its management include a series of interconnected and continuous activities (Taslimi, 2005). However, crisis on management and crisis in management are two separate and interrelated categories, so that the former precedes the latter. Accordingly, the delicacy of managers' approach in controlling crisis situations is an art whose main essence is knowledge, experience and skill. If the crisis can be managed properly, it will lead to very successful results.

Along with the theory of crisis management, health and health security and in fact the relationship between safety and health, health is the theoretical framework of the present study. Health means the science and art of preventing diseases, increasing life expectancy and increasing the level of health in humans, and in fact refers to a set of behaviors that guarantee the maintenance of health and healthy living in society. In another definition, health is the science and art of achieving health, maintaining health and promoting it. In general, health and hygiene are divided into individual and general types.

Of course, the relationship between these two concepts should not be ignored, and although these two concepts are two separate and different categories, they are very similar (eslamitabar, Vaez, Soleimani, 2002: 173). In addition to the relationship between health and safety, the right to health can also be mentioned as a theoretical framework. The most important element and component of health security is the doctrine of human security, the right to health and the right to receive health services. The right to health is a universal right; When it comes to health, the first and the most basic concept that comes to mind is access to health care and health centers" (Shoja, 2008: 74). Undoubtedly, primary and essential health care and having these facilities are an important element in realizing the right to health. The right to health includes individual rights. Human beings have the right to live in a healthy and safe environment and society, because having a healthy living environment and society is a prerequisite for human growth. Governments have a responsibility to provide as healthy an environment as possible so that their citizens can live in a health environment. In other words, the government is obliged to establish a planned, effective and integrated health system at the national level in order to achieve public health. (Shoja, Pishin, p. 76). The right to health as one of the socio-economic rights of human beings is considered as a right whose realization necessarily requires government intervention.

## 3. The Impact of Sanctions on The Government's Inability to Ensure the Right to Health

It is certain that the right to health is not limited in time and from this point of view the obligations of governments are not limited to a specific time. But there are two fundamental issues in the realm of obligations towards the right to health. The first issue concerns the material realm of obligations and the second issue concerns substantive realm. The first question seems to have a relatively clear answer in the international human rights system. States' obligations to the right to health, like their obligations to other economic, social and cultural rights, are limited in the resources and facilities at their disposal. But the second question is still waiting for an answer and there is no definite answer for it in the system under discussion. This issue is raised in the discussion of all human rights. There seems to be ample evidence that

a general commitment by governments to the right to human health can be inferred.

Commitment to recognition is an important part of governments' international commitment to the right to health. The actions that countries take within their own territory may harm the right to health of other nations. Recognition of this right means paying close attention to it in relations between states. According to the Committee's 14th opinion, States Parties should ensure that due regard is paid to the right to health in international agreements and, to that end, should consider developing other agreements. On the other hand, when concluding other agreements, governments should take measures that do not adversely affect the right to health. From this point of view, it can be questioned the compliance of the so-called "Fra-Thrips" agreements with the commitment of governments to the right to health. As we will see, these agreements seek to close the flexible loopholes in the TRIPS agreement. And this has adverse effects on the right to health (Al-Kajbaf, 2013: 165).

It is true that the State party to the Covenant is the main actor in the implementation of its obligations to the right to health and is ultimately responsible for the realization of the rights enshrined in the Covenant under international law, and must take appropriate measures to achieve its full realization, but it is equally true that governments are committed to respecting the right to health in territories other than those under their jurisdiction. No government can take action that harms or prevents the right to health of other people. One of the well-known principles of international law today is that no state can allow activities to take place that have harmful effects, including on the environment of another state. The Committee on Economic, Social and Cultural Rights, in this regard, points to an example of the need for governments to respect the right to health of the other nations and says the Member States at all times should refrain from imposing sanctions or similar measures restricting the supply of medicines and medical equipment to another state. Restrictions on these items should not be used as a political and economic tool (Al-Kajbaf, 2013: 166-165).

Sanctions with macroeconomic effects against a country like Iran can have similar consequences to war on health of people (Bastani P, 2016: 35). Sanctions against Iran expose the government to cut health subsidies (Zare H, 2013: 665- 679). Economic

sanctions reduce government revenues and its ability to invest in Iranians' health, education and social security sectors (Portela C.,2016: 912). It also forces the government to shift national investment priorities from specific public responsibilities, such as supporting the lower class of the society. Therefore, people's share of service costs increases, which has an adverse effect on access to the right to health. The low-income class of society are weak in the face of the effects of these sanctions. Despite government measures to reduce the cost of treatment in hospitals, there is still a weak segment of society that cannot afford to pay for treatment. Sanctions imposed on Iran, both past and present, do not include humanitarian and drug items, however they have hampered many management and regulatory processes and drug exports to Iran (Sogol Setayesh and Tim K. Mackey, 2016: 2). The inability of Iranian banks to conduct business with the international banking system and american companies, the lack of currency and the inability to guarantee the delivery of goods, insurance and other services necessary to facilitate the drug trade are other problems of these sanctions. As a result, millions of Iranians suffering from life-threatening diseases face a shortage or high cost of medicine, which in many cases leads to a black-market invasion. In Iran, the right to health or health care and public health services is a fundamental right and is provided through a network of public and private sectors of non-profit organizations active in the field of health (Fatemeh Kokabisaghi,2008:376).

#### 4- The Negative Impact of Sanctions on The Right to Health and Welfare of Citizens

The right to health and access to medical facilities and services is one of the rights enshrined in the human rights instruments, in particular the Covenant on Economic, Social, and Cultural Rights, recognizing the right of all human beings to the best of their physical and mental health (Article 12 of the Covenant). To fully ensure this right, it commits countries to take the necessary measures for reducing abortions, reducing child mortality, improving the healthy growth conditions of children, improving health services, preventing, treating and combating diseases, especially communicable and common diseases, creating appropriate conditions for the provision of medical centers and assistance to the public (Article 12, paragraph 2 of the Covenant). The

enjoyment of these rights is also enshrined in the Convention on the Rights of the Child in 24 conventions. In the reports of International Institutions on Iraq, sanctions have drastically increased deaths and deaths by disrupting healthcare infrastructure. The reports state that severe economic sanctions have led to severe shortages of food, destruction, and the destruction of a healthy drinking water system, resulting in malnutrition and an increase in disease, leading to severe health problems and a lack of medicines (General Assembly Resolution 242-AnnexII 1997). Therefore, many demands were made to end the sanctions against Iraq in order to end the humanitarian suffering (Cunpress Release GA/9618.30 September 1999). An example of a violation of this right is Security Council Resolutions 1903, 1734, and 1929 against the Government of the Islamic Republic of Iran, which prohibited the import of all effective substances in the field of medicine into the country.

Every human being has the right to a standard of living, health and well-being for himself and his family in terms of food, shelter, medical care and necessary social services. This right is recognized in Articles 11 and 12 of the International Covenant on Economic, Social and Cultural Rights. Sanctions have had a negative impact on production, employment and national income, resulting in low economic returns, low and unfair distribution of goods and services, and the creation of social chaos and gaps, and in general have degraded people's living standards (Garfield.2002 p94). Resolution 1929 of the Security Council against the Government of the Islamic Republic of Iran deprived the Iranian companies of the right to a decent standard of living and, to a lesser extent, a humanitarian catastrophe, due to the restrictions imposed on Iranian companies for medical equipment and the sale of oil which was curtailed by the suspension of the Charter sanctions under Security Council Resolution 2231.

At the same time, inflation due to sanctions and the influx of stray capital instead of production and efficient capital markets to the housing sector, without scientific and productive planning, caused higher housing costs for Iranians, especially during the years 2011 to 2013, which had a negative impact in addition to the housing sector.

This, in addition to making it more difficult to have a house, whether in terms of purchase or rent, has

reduced the quality of its production due to the high cost of materials and construction costs, so that according to some building experts, many newly built houses did not follow the technical and engineering rules and regulations regarding things like gas. According to the official reports of the Forensic Medicine Organization of the whole country, thousands of compatriots fall victim to tragic events such as burns due to fires and explosions, electric shocks, bites, elevator falls, etc. every year. To these statistics must be added the growing and worrying trend of casualties and injuries caused by accidents at work during the construction of buildings in construction sites (<http://feydus.ir>).

In 1999, after conducting research on child and maternal mortality in Iraq, UNICEF concluded that in densely populated areas in the south and center of the country, children under the age of five had twice as many deaths as 10 years earlier. One expert on the effects of sanctions on citizens stated that "the main causes of the increase in infant mortality have been contaminated drinking water, lack of quality food, lack of breast milk and lack of access to health care facilities (Garfield, 1999:10). The negative impact of the Charter on the second generation of human rights, especially the economic, social and cultural rights of the people under sanctions, in a way that grossly violates these rights, is an indisputable fact.

## 5. The Negative Impact of Sanctions on Medicine

### 5-1- The Right of Access to Medicine

The Committee on Socio-Economic Rights, in attempt to define the realm of the right to health as a right that has various dimensions, states the central commitments of governments to the right to health: 1. Provide access to facilities, goods and services related to health without discrimination, 2. Provide access to the minimum essential food that is adequate and healthy nutrition and free everyone from hunger, 3. Providing access to housing and safe drinking water, 4. Providing essential medicines, 5. Equal distribution of all facilities of goods and services related to health, 6. Adopt and implement a national health strategy and executive plan(2000: 34, Twenty-second session).

To clearly determine the content of the right to medicine, it should be noted that Theory No. 14 of the Committee on Socio-Economic Law plays a very important role in this regard. Of course, it is worth noting that the determination of the content of this



right is primarily due to the national practice of governments, and this committee has formulated General Theory No. 14 by summarizing and using the national experiences of governments reflected in that report. This general theory has had a major impact on the subsequent development of the right to health and, consequently, the right to medicine. (Ibid, paper 6).

It is stated in Article 12 of Convention h. 1. that the right of every person to enjoy the highest attainable standard of physical and mental health is very general, and it is not clear whether health is defined as the absence of disease or, as defined by the World Health Organization, "the state of complete physical, mental and social well-being".

However, the term used in Article 12 implies that this right is a comprehensive and all-encompassing right and even includes socio-economic issues necessary for a healthy life, such as food, housing and health care (General comment, No.14, supra note 21).

According to Article 12 of the Convention, in order to realize the right to health, governments must take a series of measures to prevent, treat and control epidemic diseases, occupational and other diseases, as well as to create the conditions for the provision of all medical services and care in the event of illness. But in medical science today, what is an undeniable necessity for the prevention, treatment and control of diseases is medicine; both as an essential and integral part of the treatment process and as an essential and integral part of the prevention process. It is inconceivable treating serious infections without the use of antibiotics, or treating fungal infections without using antifungals, or treating viral infections without antivirals (J. draws in Quest, 1999: 3).

Access to medicine is also essential for the prevention and treatment of diseases and the control of infectious diseases. Medical services and medical care also require medication. In fact, access to medicine is an integral part of enjoying the "highest attainable standard of health" and therefore an integral part of the right to health (See Declaration of commitment on HIV / AIDS, 2001: 15).

According to the constitutional law of some countries, access to medicine is explicitly recognized as part of the right to health. The Constitutional Court of South Africa has required the government to make the drug to prevent the transmission of HIV from mother to

child universally available to citizens (Minister of Health et al., 2002).

The Venezuelan Constitutional Court has also required the government to provide antiviral drugs for all AIDS patients in Venezuela (Supreme Tribunal for the Justice of Venezuela, 1999: 789).

The right of access to medicine according to General Theory No. 14 includes the following elements: Availability of medicine with the necessary amount 2- Availability of medicine for all, 3 Acceptability of the way of treatment according to the moral culture to which people belong 4- Proper quality of medicine.

Drug availability includes both physical and economic access. General Theory No. 14 of the Committee on Socio-Economic Economic Rights states that facilities related to public health and health care, goods and services should be sufficiently available. In addition to the availability and physical access to medicine, economic access is also an element of access, which means that goods, services and health-related facilities are offered at prices that can be purchased and provided for all.

According to General Theory 14, what is protected by the right to health as a human right is "essential medicines" (General comment no 14 para 12, supra note 21). The World Health Organization regularly updates the list of essential medicines (WHO, 2011). It is defined as: "Those drugs that are a priority for health care needs; these drugs are selected based on their relevance to public health and the reasons for effectiveness, safety and cost competitiveness". In the application and interpretation of the concept of "essential medicines" there is a general tendency to consider as much flexibility and adaptability as possible to different situations.

#### 5-2- No Transfer of Currency and Impossibility of Preparing Medicine

Based on what has been said, the legal and regulatory framework affecting access to medicine has been imposed on Iran's economic sanctions due to geopolitical factors and nuclear diplomacy. Therefore, with the return of sanctions, the need for easy trade in humanitarian goods, including certain medical goods, will take a rough turn.

In the international arena, there is a legal framework that recognizes the human right to health and access

to health care as a result of international instruments and standards, including treaties and agreements signed by many countries. This legal framework, in fact, places the primary responsibility for ensuring the gradual realization of this right in the signatory countries of these instruments and specifies the assistance of these countries to other countries in the realization of this right. Numerous treaties and conventions govern the foundations of human rights. The most important international declaration focusing on human rights is the 1948 Universal Declaration of Human Rights. Governments are obliged to take measures to enforce these rights and to create barriers against others in order to violate them. Reputable international research and reports have repeatedly emphasized the effects of sanctions on the health and well-being of the people with credible arguments, some of which are outlined below.

Increased damage from disease with the threat of disability and death, especially in incurable and special patients such as hemophilia, thalassemia, cancer, renal dialysis and liver failure, organ transplantation, hepatitis, AIDS, cardiovascular, providing equipment such as blood collection bags, laboratory tubes, freeze platelet sets, coagulation kits and various antisera, etc., which have an external source with many problems, including not providing goods from the source of production directly or indirectly, from American companies and Or European companies that in addition to imposing and increasing physical and psychological effects on patients, also increase the financial burden of the government for the treatment of patients (Arvind Sahay & Saravana Jaikumar, 2016: 2).

Regarding the effects of the sanctions, we can refer to the Guardian report on November 14, 2012, according to which the death of a 15-year-old boy named Manouchehr Ismaili due to severe bleeding following hemophilia was reflected in the international media ([https:// www International.com](https://www.International.com)). companies refuse to accept orders and deal with Iran due to money transfer restrictions, adequate insurance, and sometimes uncertainty that pharmaceutical items are exempt from international shipping duties and sanctions (Abdol Majid Cheraghali, 2013: 6).

A report by the General Secretariat of the Human Rights Council on the human rights situation in Iran states that pharmaceutical companies have difficulty

accessing important drugs, and that it is very difficult for private companies to transfer money and obtain credit. Companies that even have obtained licenses to import drugs, supplements, and powdered milk and baby foods, especially those with metabolic disorders such as celiac disease (PKU), have difficulty finding third-party banks to conduct transactions. Due to such payment problems, several pharmaceutical companies have refused to export essential and vital drugs to Iran, which has led to a shortage of drugs used to treat various diseases such as cancer, heart and respiratory diseases, thalassemia, etc. (Situation of human rights in the Islamic Republic of Iran, (2012) 42- 43).

The UN General Assembly report on human rights in Iran states that health officials at the Ministry of Health and Medical Education and a number of non-governmental organizations have declared that sanctions are exacerbating patient morbidity and increasing mortality due to lack of access to essential medicines and lack of medical equipment to treat serious and dangerous diseases.

According to the United Nations, citing news and articles published in domestic and foreign news agencies (JCPOA), the decision of the US government has unfortunately led to a memorandum of understanding between the Japanese government and the representative of the Japan International Cooperation Agency (JICA) worth one billion and five hundred and thirty-four million (534, 1) Japanese yen will not be implemented due to the strict conservatism of Japanese banks to conduct any financial transactions to Iran based on the decision of the US government (<https://asia.nikkei.com>).

Another report from the UN General Assembly states that sanctions have severely hampered the distribution of medicines and medical equipment. Insurance companies have struggled with insurance coverage for importers and exporters, which in turn has affected access to foreign medical equipment and medicine. Certain medicines are no longer imported into the country, and this will have a negative impact on the treatment of patients, especially those with incurable, acute and rare diseases. Hospitals have also struggled to obtain medicine. Cancer patients have to buy expensive and expensive medicines. As a result, the poor and needy patients who have to undergo such medical and specialized treatments bear a heavy financial burden that some of them cannot afford, and

also patients with renal dialysis, etc. face problems in medical treatment which has endangered their live (Report of the Secretary-General on the situation of human rights in the Islamic Republic of Iran, 2013: 37-38).

A report by the International Institute for Peace, Justice and Human Rights entitled "The Impact of Sanctions on the Health of the Iranian People in 2013" states that the effects of sanctions have been studied on 4 groups of cancer, asthma, MS, Parkinson and dystonia through interviews with specialists, patients and the other stakeholders and collecting information from various sources such as 13 Aban Pharmacy, and based on the results, lack of access to equipment and medicines required are expressed as the cause of increased death and decreased quality of life of patients.

The two-page document outlines the country's cooperation strategy with the World Health Organization: "Despite the removing of nuclear sanctions, Iranian banks still face many difficulties in entering the international financial system and world banks. The sanctions have caused serious damage to people and the economy, which in turn has affected the health system in terms of people's access to vital and essential treatments and preventive care".

The failure to provide humanitarian assistance, which has been repeatedly reported by international organizations, is due to policies that have targeted the financial sector, especially the big banks, and the removal of the Islamic Republic of Iran from the global swift. It cuts off Iranian suppliers from financial channels to Western and European exporters for essential and humanitarian items. Sanctions also affect access to the dollars and euros needed to buy patented medicine from western pharmaceutical companies. Due to the sanction on Iranian banks and the lack of access to swift, opening credit to supply raw materials for pharmaceutical companies was not possible and pharmaceutical companies had to pay the full price of imported raw materials at the time of purchase. It greatly increased the financial costs of these companies. Also, the decrease in the level of government revenues following the sanctions caused the payment of government hospitals and pharmacies to pharmaceutical companies to be delayed, which increased the collection period of claims and increased the financial costs of these companies. On the other hand, companies had to pay a percentage to

transfer currency and international communications 12 to 8, using the services of exchange offices and paying heavy fees to the extent with the world's pharmaceutical companies was very low (Seyed Isfahani, 2011: 20).

Finally, it can be said that during the sanction, factors other than those mentioned above affect the country's pharmaceutical industry, some of which are: changing the exchange rate from a reference to an exchange, hard and difficult preparation of pharmaceutical raw materials and the need for high liquidity, weak communication with the international community, rising cost of medicine, high financial costs, lack of transfer of foreign exchange from exports, lack of exports in the form of letters of credit and rials and as a result low exports, lack of pharmacy equipment and technology during the sanction period, reducing the competition of domestic manufacturers with foreign competitors, especially Asians, not holding quality drug exhibitions with the presence of reputable international companies, low access to world-class information, the impossibility of licensed production, and the impossibility of obtaining certificates international.

The result of these sanctions has actually caused a drug and treatment crisis in Iran. The result of this crisis is an increase in treatment costs, an increase in the length of treatment, an increase in injuries and deaths of patients, an increase in pressure on patients' families and endanger their mental health. Examples of the impact of sanctions on Iran's health sector are the following: 1. Death of a 15-year-old teenager from Dezful with hemophilia due to lack of medicine (<http://www.khabaronline.ir>) 2. Lack of disposable equipment such as filters and bicarbonate powder for the treatment of dialysis patients (<http://www.bbc.co.uk>) 3. Threat of certain patients with thalassemia, MS, hepatitis, hemophilia, diabetes, etc. (<http://www.presstv.ir>).

In a report to the UN General Assembly in October 2012, the UN Secretary-General stated that Western sanctions on Iran had caused many problems for ordinary people in Iran, including a shortage of essential medicines (UN chief slams US illegal sanctions against Iran, 6 October 2012).

The above-mentioned issues, in addition to being acknowledged by the country's health officials, have been mentioned and protested in a letter of protest

from the President of the Iranian Academy of Medical Sciences, Dr. Marandi, to the UN Secretary-General dated November 26, 2012 (<http://www.jahannews.com>).

It was mentioned earlier that the right to health has been mentioned in various human rights documents as a fundamental human right. Article 25 of the Universal Declaration of Human Rights introduces health, welfare and medical care as issues within the discussion of adequate living standards. Article 12 of the Covenant on Economic, Social and Cultural Rights provides: "States Parties recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health". The Statute of the World Health Organization considers the enjoyment of the highest attainable standard of health as one of the fundamental rights that is essential to achieving a level of security.

Ensuring the right to health is closely related and dependent on the realization of other human rights. Health-related rights include the right to food, the right to housing, the right to a job, the right to life, non-discrimination, the prohibition of torture, privacy, access to information, etc. (CESCR, general comment no.14).

The right to access to medicine is recognized by Article 12 of the Convention on Political Civil Rights as an integral part of the right to health. This article states: The right to health and, consequently, the right to access medicine are socio-economic, cultural and cultural rights. According to Article 2 of the Convention on Socio-Economic and Cultural Rights, each State Party undertakes, individually or through international cooperation, in particular economic, technical, utilization of the maximum resources available and by all appropriate means, in particular legislative instruments, to achieve and fully realize the rights recognized in this covenant. Finally, Article 4 of Convention H. A. A. F states: The States Parties to the present Covenant recognize that in the exercise of their rights under the present Covenant, that State may not subject to such limitations, except in accordance with the law and in accordance with the nature of those rights and for the purpose of promoting welfare in a democratic society.

In Iran, the system of providing primary health care has developed significantly in recent decades, but it is necessary to take basic steps in the framework of the

reform program in the country's health system to reduce inequalities related to health services (Motlagh, 2008: 9). Sanctions has had a negative effect on the system of country's treatment, which includes the supply of medicine and medical equipment. In many cases, it has prevented the import of certain medicines, as well as slowed the import of medicines and equipment, the import of counterfeit and low-quality medicines, and increased the price of other drugs. With the tightening of financial sanctions on the country, foreign companies refused to sell raw materials to Iran. Assuming that 97% of the medicines are produced domestically, but up to 60% of the raw materials of the manufactured drugs are imported from abroad ([Http://ccerci.ac.ir](http://ccerci.ac.ir)); especially since many of the raw materials of medicines are chemicals that have dual use, so foreign companies do not export them to Iran for fear of using them in the military industry, for example, the raw material (P2 S5), which is a dual-use chemical. Of course, due to the aforementioned and financial and banking sanctions, the possibility of transporting raw materials that are used only in pharmacy, has become difficult.

In many cases, it is not possible to import medicines due to financial and banking sanctions, although the drugs have not been banned. This has led to the lack of medicine at times and the high cost of medicine. A member of the parliamentary health commission (eighth term, Jamshid Zehi), referring to the obstacles and problems of pharmacists and importers in preparing drugs, said: "The imposition of sanctions against Iran has caused turmoil and increased the price of this product in the market" ([www.tabnak.ir/fa/news/](http://www.tabnak.ir/fa/news/)).

Sanctions have caused the materials and equipment used by physicians do not have high quality due to a lack of communication with companies that sell quality medical equipment. The head of the Society of Surgeons says: "Referring to the effects of sanctions on the shortage of some medicines and medical equipment, some surgeons now use substandard Chinese sutures for surgery, the patient's abdomen is torn and the patient has to undergo surgery again" ([Http://www.tebyan.net](http://www.tebyan.net)).

Sanctions, along with other variables, have prevented updates and spending costs on hospital and equipment. This is due to the need to spend money on more necessary matters such as the import of



medicine, which has faced an increase in costs due to sanctions. About 70% of the hospital beds in the country are worn out. In some provinces, including Tehran, this number is higher and reaches 85%. Tehran hospitals not only provide services to the population living in this city, but more than 70% of those who are hospitalized in Tehran hospitals come from other cities. In the event of a natural disaster in Tehran, the hospitals will be destroyed and the doctors and paramedics working in them will be harmed (Hamshahri newspaper, November 16, 2011: 6).

The president of Shiraz University of Medical Sciences (Mohammad Hadi Imaniyeh) about the shortage and wear and tear of medical equipment in the country stated: "In addition to medicine, medical equipment also faces problems; for example, helium gas required for MRI devices is facing a shortage" ([Http://sinanews.ir](http://sinanews.ir)). Zahra Sharif, a pharmacist with experience in inspecting pharmacies, emphasizing the import of these drugs, in an interview with "Shahrvand" newspaper, points to the counterfeiting of unauthorized types of drugs and says: "In the summer of 2013, the country was faced with the issue of the introduction of Chinese penicillin, which had entered the Iranian drug system through an unauthorized network; the medicine that even killed one patient". "Sometimes a certain medicine that has a history of use in the United States comes to Iran. Unaware that this medicine does not have the same raw materials, most of the problematic and low-quality drugs enter the country through informal networks", Sharif said ([Http://shahrzadpress.com](http://shahrzadpress.com)).

The head of the Red Crescent Society, while explaining how the organization provides two million doses of influenza vaccine, said: "Sanctions have caused us many problems in transferring vaccine money and even giving the money to sellers without guarantee". Karim Hemmati said about the supply of influenza vaccine: "The supply of about two million doses of influenza vaccine was entrusted to the Red Crescent, and the necessary measures have been taken to supply this amount since the summer, but unfortunately we encounter obstacles every time". He expressed hope that the flu vaccine would be provided in the coming days: "We hope that despite the fact that Bank Shahr was sanctioned as an intermediary bank, we will be able to provide the vaccine to the people". Hemmati continued: "Extensive sanctions against

public and private banks have made it difficult to transfer vaccine money to the Red Crescent and the Ministry of Health. We have to give money to sellers without guarantees, and this is a risky job that we have accepted for the sake of our compatriots, and we hope to achieve good results in the near future" (<https://www.tabnak.ir/fa/news/1008873>).

Twenty-six countries, including Iran, Russia and China, issued a joint statement calling on the United States and the West to end unilateral sanctions, saying sanctions would make it harder to fight the corona. The statement was read out by Zhang Joon, China's permanent representative to the United Nations and at a special session of the UN General Assembly on human rights. The statement accused the United States of human rights abuses as well as systematic racial discrimination. The statement said the United States was imposing sanctions on developing countries. The signatories of the statement wrote that responding to the coronavirus epidemic and improving the situation of countries requires global solidarity and international cooperation. Nevertheless, we continue to see unilateral coercion against the aims and principles of the UN Charter, international law, pluralism and the basic principles of international relations. These countries called for the complete and immediate abolition of unilateral coercive measures to ensure an effective and efficient response by all members of the international community to the fight against the corona virus (<https://www.mehrnews.com/news>).

Abu Turabi, a member of the parliament's legal and judicial commission, stressed that the United States has imposed cowardly sanctions on Iran, including in the field of medicine and drugs, and that these sanctions will make the fight against the coronavirus more difficult and intensify (<https://www.isna.ir/news/98122418207>).

Iran's Permanent Representative to the United Nations has stressed the need to remove unilateral sanctions that undermine the capacity of target countries to counter the corona. "Epidemic diseases with high mortality rates have negative effects on the economic and social situation of the countries involved in the conflict, and by adding another layer to their existing problems, they complicate the situation", said Majid Takht-e Ravanchi. He continued: "Iran, as a country that is affected by Corona and is also the target of US sanctions, is well

aware of how and to what extent these sanctions, by preventing the import of medical equipment and medicine, increase the capacity of target countries to deal with corona weakens. He also pointed out: "These unilateral sanctions practically target patients the most and show how immoral, inhuman and illegitimate these sanctions are" (<https://www.borna.news>).

## Conclusion

The results of the dissertation showed that international sanctions have directly and indirectly affected the country's crisis management in the last decade. Sanctions, in particular, have created serious obstacles to supply of needed medicines and the delivery of humanitarian aid. Sanctions on foreign exchange transactions and Iranian banks have severely restricted the opening of credit to importers of medicines and medical equipment, which has effectively led to the extension of sanctions to medicines and medical equipment. A number of pharmaceutical companies are refusing to sell medicines and medical equipment directly to Iran because of sanctions and to avoid the possible consequences of violating sanctions or even being barred from US markets. As a result, access to these detrimental items from international intermediaries at unconventional prices is limited. Due to the expansion of sanctions on shipping companies and the lack of insurance for Iranian shipments, the cost of transportation to Iran has increased, which includes the increase in the cost of medicine and medical equipment, while there are reports of non-shipment, including drug shipments to Iran as a result of sanctions. The imbalance in the balance between the price of rials and valid foreign currencies as a result of sanctions has led to an increase in the price of imported medicine and medical equipment, and as a result of the inability of the majority of patients to prohibit medicine.

With the imposition of international sanctions on Iran, access to medicine as one of the fundamental components of the right to health faced many problems. The right to medicine as a subsidiary right to health is specifically enshrined in the Convention on Economic, Social and Cultural Rights (<http://treaties.un.org>). Pursuant to paragraphs (a) and (b) of Article 18 of the Vienna Convention on the

Law of Existing Treaties, a State which has signed a treaty for ratification on condition of ratification is obliged to refrain from actions which would harm the purpose of a treaty. What has been a major obstacle to access to drugs has been the impact of sanctions, as sanctions on foreign exchange transactions and Iranian banks have severely restricted credit opening for importers of medicines and medical equipment, leading to shortages or rising drug prices. Contrary to the specified content, the right to medicine is in General Theory No. 14 of the Committee on Economic, Socio-Cultural Rights. The gross violation of human rights obligations stems from the UN Charter and human rights conventions, especially the Convention on Economic, Social and Cultural Rights.

## References

1. Islami Tabaresh, Vaez B. Soleimani A. (2002), An Overview of Health and Youth Developments, Quarterly Journal of Youth Studies, No. 1.
2. Ismail Motlagh I. et al. (2008), Health and its Determining Social Factors, Tehran: Second Edition, Successful Publication.
3. Al-Kajbaf H. (2013). The Concept and Position of the Right to Health in International Human Rights Documents, Medical Law Quarterly, No. 24.
4. Taslimi M. S. et al. (2005), Field Study of Crisis Priority in Crisis Management. Management Knowledge Quarterly. No. 69.
5. Rastegar H. A. And Ajami S. (2005), A Passage on Crisis Management. Journal of Management and Information in Health. First Edition.
6. Hamshahri newspaper, Wednesday, November 16, 2011, 9<sup>th</sup> Edition, No. 5552
7. Seyed Esfahani M. (2011). A Study of the Effects of the Results of Nuclear Negotiations and Agreements on the Pharmaceutical Industry, Syndicate of Iranian Pharmaceutical Industry Owners.
8. Shoja J. (2008), "Research and Development of Nanotechnology from The Perspective of The Right to Health", Tehran, Journal of Legal Research, 7<sup>th</sup> Edition, No. 14.

9. Ebadi Mehr M. (2008), Targeted Financial Sanctions, Guidelines for Design and Implementation", Tadbir Eqtesad Research Institute.
10. Fiqhami Farahmand N. (1992), Research Management and New and Strategic Development of the Organization. Tadbir Monthly No. 7.
11. Kazemi Seyed J. M. (2002), A Comparative Study of Compensation Methods Caused by Natural Disasters in Iran and the World. Insurance Industry Quarterly. Issue 1.
12. Abdol Majid Cheraghali, Impacts of international sanctions on Iranian pharmaceutical market, DARU Journal of Pharmaceutical Sciences, 2013, p;6.
13. Arvind Sahay & Saravana Jaikumar. Does Pharmaceutical Price Regulation Result in Greater Access to Essential Medicines? Indian Institute of Management, Ahmedabad, January 2016, p;2.
14. Bastani P, Dinarvand R, SamadBeik M, Pourmohammadi K. Pharmaceutical strategic purchasing requirements in Iran: Price interventions and the related effective factors. J Res Pharm Pract. 2016,5(1),p;35.
15. COMMITTEE ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS Twenty-second session, Geneva, 25 April-12 May 2000, E/C.12/2000/4 General Comment no 14, The right to the highest attainable standard of health, Para 34, Available at: <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G00/4391/34/PDF/G0043934.pdf?OpenElement>.
16. Cunpress Release GA/9618.30 September 1999.
17. Doxey, M. Evolution and adaptation in The modern Commonwealth International Journal Vol 45, No4, 1990, pp;889- 912.
18. Fatemeh Kokabisaghi, Assessment of the Effects of Economic Sanctions on Iranians' Right to Health by Using Human Rights Impact Assessment Tool: A Systematic Review, Int J Health Policy Manag 2008,7(5),p;375.
19. Garfield, Richard (1999), Morbidity and mortality among Iraqi children from 1990 through 1998: assessing the impact of the Gulf war and economic sanctions, [www.cam.ac.uk/societies/casi](http://www.cam.ac.uk/societies/casi).
20. Garfield, Richard, (2002) Economic Sanctions, Humanitarianism and Conflict after the Cold War, Social Justice, Volume: 29. Issue: 3, Questia Media America, Inc. www. questia. Com
21. General Comment No. 8, 1997, INTERNATIONAL COVENANT ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS.
22. HIV/AIDS and Security, 2006:315.
23. J. draws in Quest of Tomorrow's medicines. An Eminence scientist talks about the pharmaceutical Industry, Biotechnology, and the future of drug Research, 1999, p. 3
24. Minister of Health et al v. Treatment Action Campaign et al. 2002 (5) SA 721(cc); 2002(10 BCLR 1033CC) (5 July 2002).
25. Portela C. Are European Union sanctions "targeted"? Cambridge Review International Affairs., 2016, 29(3), p;912.
26. Report of the Secretary-General on the situation of human rights in the Islamic Republic of Iran, Human Rights, A/2013, paras. 37-38.
27. See Declaration of commitment on HIV/AIDS, A/RES/S-26/2 of 27 June 2001, para. 15.
28. Situation of human rights in the Islamic Republic of Iran, Report of the Secretary-General, A/67/327, Sixty-seventh session, 2012, Paras 42-43.
29. Sogol Setayesh and Tim K. Mackey, Addressing the impact of economic sanctions on Iranian drug shortages in the joint comprehensive plan of action: promoting access to medicines and health diplomacy, Setayesh and Mackey Globalization and Health, 2016, p;2.
30. Tribunal Supremo de Justicia de Venezuela, Cruz Bermudez v. Ministerio de Sanidad y Asistencia Social, case No. 15.789, Decision No. 916 (1999).
31. WHO, Essential Medicines. WHO Model list, 17th edition 2011, Available at:

[http://whqlibdoc.who.int/hq/2011/a95053\\_eng.pdf](http://whqlibdoc.who.int/hq/2011/a95053_eng.pdf).

32. Zare H, Trujillo AJ, Leidman E, Buttorff C. Income elasticity of health expenditures in Iran. *Health Policy Plan.*, 2013, 8(6), pp: 656- 679.

#### Websites

1. <http://www.presstv.ir/detail/fa/274643.htm>
2. <http://www.presstv.ir/detail/2012/10/06/265240/un-chief-slams-us-sanctions-on-iran/>
3. [http://www.bbc.co.uk/persian/iran/2012/10/121017\\_123\\_sanction\\_sickness\\_iranian\\_warning.shtml](http://www.bbc.co.uk/persian/iran/2012/10/121017_123_sanction_sickness_iranian_warning.shtml)
4. <http://www.khabaronline.ir/detail/257614/society/health>
5. <https://www.borna.news>
6. <https://www.isna.ir/news/98122418207>