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**RESEARCH ARTICLE**

**Sanctions and the Right to Health: Structural and Foreseeable Constraints**

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**ABSTRACT**

This article examines the impact of UN Security Council sanctions on the right to health and attempts to look beyond conventional analyses that focus mainly on the objectives and political legitimacy of sanctions by shifting attention from these concerns toward the actual mechanisms of their impact on fundamental rights. The main issue of this research is the gap between the legal design of sanctions and their practical consequences for access to essential health services and goods. While many sanctions regimes formally exclude humanitarian goods, including medicine, in practice, financial and banking restrictions, coupled with excessive caution by economic actors, cause serious disruptions in the supply chain of medical products and healthcare services. Using a legal-descriptive analysis method and relying on UN documents and case studies, this research shows that the violation of the right to health in the context of sanctions is not merely a random outcome, but a structural, predictable, and legally attributable consequence of the design and operation of sanctions regimes. In particular, the phenomenon of the indirect effects of sanctions, through the transfer of risk to private actors and their reduced willingness to engage with target countries, plays a decisive role in limiting access to health services. The findings of the article show that these effects, although indirect, are attributable to the structure of sanctions from an international law perspective and highlight the need to rethink their design and implementation. Consequently, the article argues that in order to ensure the compatibility of sanctions with human rights obligations, especially in the area of the right to health, it is inevitable to pay attention to their structural and foreseeable consequences.

**KEYWORDS**

Economic sanctions, Right to health, Over-compliance, Foreseeability, Due diligence

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**1. Introduction**

Economic sanctions, as one of the main instruments of the United Nations Security Council to maintain international peace and security, have a well-established place in contemporary international law (Charron, 2012; United Nations, 1945). These measures, especially after the end of the Cold War, have been considered an alternative to the use of military force and are often presented as a “middle ground” between diplomacy and military intervention (López-Jacoiste, 2010). In this context, sanctions have been both as instruments of coercion and, in some cases, as tools for the promotion and protection of human rights (Dupont, 2019).

However, the practical experience of sanctions, especially with respect to comprehensive economic sanctions, has shown that their consequences go beyond the declared goals and in many cases have led to the deterioration of the living conditions of the civilian population (Peksen, 2011). In this regard, the right to health, as one of the most fundamental human rights (United Nations General Assembly, 1948; ICESCR, 1966), is particularly vulnerable to the effects of sanctions (Germani et al., 2022). Although many sanctions regimes formally exempt humanitarian goods, including medicine and medical equipment, from restrictions, in practice, financial and banking restrictions, as well as the risk-averse behavior of economic actors, disrupt access to these items (Pinna Pintor et al., 2023).

A significant body of literature either focuses on the political legitimacy and effectiveness of sanctions or examines their human consequences in a descriptive manner (Mallard et al., 2020). However, less attention has been paid to explaining how and through which mechanisms sanctions translate into restrictions on fundamental rights, and whether these effects should be

understood as structurally embedded rather than incidental outcomes, particularly in relation to intermediary factors such as financial institutions and risk-averse behavior (Cockayne et al., 2018).

Focusing on the right to health, this article seeks to demonstrate that the violation of this right in the context of Security Council sanctions is not merely an incidental by-product, but a structural and predictable consequence that arises from the way these measures are designed and implemented. In this regard, the article uses a legal-descriptive analytical approach to examine the mechanisms through which sanctions produce their effects, particularly through financial constraints and the phenomenon of indirect effects, and argues that these consequences should be taken into account in assessing the legitimacy and effectiveness of sanctions (CESCR, 2000; Maastricht Principles, 2011; Milanović, 2011).

## **2. Literature Review**

The literature on economic sanctions and human rights can be broadly categorized into three main approaches.

First, an approach that analyzes sanctions as a legitimate and necessary tool for maintaining international peace and security (Farrall, 2007). In this framework, sanctions are considered an alternative to the use of force and their function in exerting pressure on states that violate international obligations is emphasized (Reinisch, 2001). In this view, sanctions are justified not only from a political perspective, but in some cases also as instruments for the protection of human rights (Dupont, 2019). This approach focuses more on the declared objectives of sanctions and the institutional functions of the Security Council.

Second, an approach that examines the human and social consequences of sanctions (Peksen, 2011). This group of studies has shown that sanctions, especially in the form of comprehensive economic sanctions, have significant effects on the living conditions of the civilian population (Chaufan et al., 2023). Research in the field of public health and human security has shown that restrictions on access to medicines, medical equipment, and essential health infrastructure can lead to serious deterioration of health indicators (Germani et al., 2022). In this context, although some studies have pointed out the distinction between comprehensive and targeted sanctions, concerns have been raised about their indirect consequences even in the case of targeted sanctions (Mallard et al., 2020).

Third, an approach that addresses the relationship between sanctions and the human rights obligations of states and international institutions (Milanović, 2011). In this area, discussions have been raised about international responsibility, jurisdictional limits and the possibility of attributing the consequences of sanctions to the actions of international institutions (Peters et al., 2020). However, a significant part of this literature still remains within the framework of traditional criteria such as territorial jurisdiction and has paid less attention to indirect and structural forms of power exercise.

Despite these three main streams, an important gap is visible in the existing literature. Many studies either focus on the objectives and legitimacy of sanctions or examine their consequences descriptively, without analyzing the precise mechanisms by which these measures affect rights such as the right to health (Germani et al., 2022). In particular, the role of intermediary factors such as the financial intermediaries and the risk-averse behavior of economic actors, which can lead to restrictions on access to health services, has not been systematically examined (Cockayne et al., 2018; Franchini, 2025).

Accordingly, this article attempts to fill this gap by focusing on the right to health and seeks to demonstrate that the negative consequences of sanctions are not merely incidental side effects, but structural and predictable consequences that arise from the way they are designed and implemented (CESCR, 2000; Maastricht Principles, 2011).

## **3. Methodology**

This study adopts a legal-analytical approach based on conceptual reconstruction and causal analysis to examine the impact of UN Security Council sanctions on the right to health. The approach adopted in this study is based on documentary and interpretive analysis, in which international legal texts, official UN documents, and relevant scientific research are used as the main sources (United Nations, 1945; ICESCR, 1966; United Nations General Assembly, 1948; OHCHR, 2008).

In this framework, the legal structure of sanctions in the UN system is first examined, especially in the context of Chapter VII of the UN Charter (Farrall, 2007). Then, focusing on the right to health, the consequences of these sanctions are examined through the analysis of secondary data and case studies available in the literature (Germani et al., 2022; Kokabisaghi, 2018; Mohamadi et al., 2024). At this stage, the emphasis is on identifying the mechanisms through which sanctions produce their effects, especially in relation to financial and banking restrictions and the risk-averse behavior of economic actors (Franchini, 2025; Verdier, 2020; Cockayne et al., 2018; Zilioli et al., 2024).

The analysis method in this study is qualitative and based on legal reasoning. In other words, instead of measuring the effects quantitatively, an attempt has been made to reconstruct the causal chains between sanctions and their consequences in the area of the right to health, thereby enabling the legal analysis of these relationships (Peksen, 2011; Pinna Pintor et al., 2023). In this regard, concepts such as indirect effects, structural consequences, and predictability have been used as analytical tools to explain how sanctions work (Peters et al., 2020; Lanovoy, 2024; Douhan, 2025).

Ultimately, this approach allows the consequences of sanctions to be assessed not simply as random outcomes, but as consequences that can be analyzed within the framework of international law (Milanović, 2011; Maastricht Principles, 2011).

The analysis is based on a structured examination of existing literature and documented case-based evidence to identify recurring patterns and mechanisms.

## 4. Findings

### 4.1 *Redefining the Mechanism of Sanctions' Impact: From Political Instrument to Regulatory Structure*

A starting point for analyzing the impact of Security Council sanctions on the right to health requires moving beyond the conventional understanding of these measures as purely political instruments (Farrall, 2007). In the conventional approach, sanctions are analyzed primarily as a means of exerting pressure on target states to change their behavior (Reinisch, 2001). In this framework, the humanitarian consequences of sanctions, including the impact on the health system, are often considered incidental effect and outside the main logic of these measures (Peksen, 2011).

However, such an understanding is unable to explain how disruptions in access to essential health services and goods emerge and persist over time (Germani et al., 2022). To understand this, it is necessary to redefine sanctions not simply as a tool of pressure, but as a mechanism for regulating access to critical infrastructure at the international level (Zilioli et al., 2024). In this sense, sanctions do not directly control the behavior of the target state, but rather create conditions in which access to key resources, including financial resources, is structurally limited (Verdier, 2020).

In this sense, the article reconstructs a multi-step causal chain through which sanctions operate, linking financial restrictions, risk distribution, and reduced access to essential health goods.

In this context, the role of the international financial system becomes central. Access to banking networks, payment systems, and hard currencies is a prerequisite for the functioning of many economic sectors, including the health system (Franchini, 2025). By restricting this access, sanctions affect not only macroeconomic activities but also the possibility of obtaining essential goods such as medicines and medical equipment (Setayesh & Mackey, 2016; Rodríguez, 2024).

This impact, contrary to initial perceptions, is not necessarily exerted through direct prohibitions. In many cases, health-related goods are formally exempted from sanctions (Farrall, 2007). However, these exemptions operate in a context in which the infrastructure necessary for their realization is disrupted (Mallard et al., 2020). In other words, the legal possibility of accessing medicine becomes ineffective in the absence of the practical possibility of carrying out financial transactions (Pinna Pintor et al., 2023).

From this perspective, a distinction can be made between "legal access" and "actual access" (CESCR, 2000; OHCHR, 2008). Sanctions may preserve the former, but they structurally limit the latter. This distinction is a key point in analyzing the impact of sanctions on the right to health, as it shows that these measures cannot be assessed solely on the basis of their official text.

Consequently, sanctions can be considered as a kind of regulatory mechanism through which the conditions of access to vital resources are redefined (Verdier, 2020). This redefinition, even in the absence of direct targeting of the health sector, operates in such a way that the capacity of the health system to meet the basic needs of the population is structurally weakened (Kokabisaghi, 2018; Mohamadi et al., 2024). Accordingly, analyzing the effects of sanctions on the right to health requires understanding them as part of a broader regulatory framework through which access to critical infrastructure is controlled.

### 4.2 *Distinction between legal and actual access to the right to health*

A fundamental weakness in existing analyses of sanctions is the failure to distinguish between the formal legal status and the actual conditions of access to fundamental rights (Germani et al., 2022). In many cases, the assessment of sanctions is based on the assumption that if a right is not explicitly restricted, there has been no violation (Farrall, 2007). This approach, especially in the context of the right to health, is subject to significant limitations (CESCR, 2000; OHCHR, 2008).

In the context of Security Council sanctions, humanitarian exceptions play an important role in justifying the compatibility of these measures with human rights. Medicines, medical equipment and other essential items are usually excluded from direct restrictions (Farrall, 2007). This creates the legal impression that access to these items is preserved and that the sanctions therefore do not affect the right to health.

However, this analysis is only valid if we do not distinguish between "legal possibility" and "practical possibility". or more precisely, between formal entitlement and effective access (CESCR, 2000). In practice, access to health goods requires a set of infrastructural conditions, including the ability to transfer money, access to the banking system, and the existence of stable trade channels. In the absence of these conditions, the mere existence of a legal permit to import medicines does not mean that such goods are actually available in practice (Setayesh & Mackey, 2016).

In this context, it can be said that sanctions, without necessarily restricting legal access, undermine the conditions necessary for its effective realization (Pinna Pintor et al., 2023). This situation creates a kind of "functional disconnection" between the normative and the operational levels, such that rights are formally recognized but not effectively realized in practice (Mallard et al., 2020).

The importance of this distinction is that it shows that assessing sanctions solely on the basis of their text provides an incomplete picture of reality (Germani et al., 2022). While at the formal level, the right to health may remain intact, at the practical level, the conditions for its effective enjoyment are seriously restricted.

From a legal perspective, this raises an important question: is maintaining legal access sufficient to comply with human rights obligations when actual access is impaired? The answer to this question requires reconsideration of the legal standards used to assess the effects of international measures on fundamental rights (Milanović, 2011; Maastricht Principles, 2011).

Accordingly, the distinction between legal and actual access is not only an analytical tool but also an entry point for a critical assessment of the structure of sanctions. This distinction allows the effects of these measures to be examined beyond their formal context and their real consequences in areas such as health to be analyzed more closely.

### ***4.3 The role of financial infrastructure in shaping health restrictions***

In analyzing the impact of sanctions on the right to health, one of the neglected but decisive elements is the role of international financial infrastructure. Many analyses focus on the text of sanctions or their political objectives, while the real impact of these measures operates through mechanisms that function at the infrastructural level, especially in the financial and banking system (Verdier, 2020).

The health system, contrary to common assumptions, is directly and extensively dependent on the functioning of the international financial system. The provision of medicines, medical equipment, therapeutic technologies, and even specialized services requires continuous access to payment networks, bank credit, and hard currencies. In such a context, disruptions in these infrastructures can directly affect the capacity of the health system, even in the absence of any direct restrictions on health goods.

Sanctions, particularly when they limit access to the international banking system, target this infrastructure (Verdier, 2020). Restrictions on the use of payment systems, the blocking of correspondent banking relationships, and increased financial supervision make international transactions difficult or even impossible. This situation affects not only large-scale trade, but also the import of vital goods such as medicines (Setayesh & Mackey, 2016).

In this context, it can be said that sanctions, by targeting the “conditions of possibility” of economic exchanges, indirectly but effectively affect areas that are formally excluded from their scope. In other words, even if a good is legally permissible, in the absence of the ability to conduct financial transactions, access to it becomes practically impossible (Pinna Pintor et al., 2023).

This analysis shows that the financial infrastructure is not simply a neutral platform, but constitutes an integral component of the mechanism of power exercise within the framework of sanctions. In this sense, controlling access to this infrastructure amounts to indirectly controlling a range of economic and social activities, including the provision of health services.

From a legal perspective, this is particularly important because it shows that the impact of sanctions is produced through mechanisms that are not necessarily reflected in their official text (Milanović, 2011). As a result, assessing these measures solely on the basis of explicit prohibitions cannot provide a complete picture of the true scope of their impact.

Accordingly, in order to accurately analyze the impact of sanctions on the right to health, it is necessary to consider financial infrastructure as a central component of this process. This approach allows for a more detailed examination of the relationship between legal measures at the international level and tangible consequences at the level of everyday life.

### ***4.4 Precautionary Behavior and Risk Transfer: Redistributing the Consequences of Sanctions***

The precautionary behavior of economic actors, known in the literature as “over-compliance”, is usually analyzed as a practical response to high-risk environments (Cockayne et al., 2018). However, limiting this phenomenon to the level of individual behavior or corporate decision-making prevents us from understanding its structural role in the transmission and reproduction of sanctions effects (Verdier, 2020).

In the context of Security Council sanctions, the legal and economic environment is shaped in such a way uncertainty, risk, and potential costs of interacting with the target country are significantly increased. This situation is not simply the result of explicit regulations, but rather the outcome of a complex configuration of rules, enforcement procedures, and regulatory expectations (Farrall, 2007). In such an environment, economic actors, especially banks and financial institutions, tend to limit the scope of their activities beyond legal requirements in order to reduce their exposure to risk (Cockayne et al., 2018).

In this framework, precautionary behavior can be analyzed as a mechanism for “risk transfer.” By creating a high-risk environment, sanctions shift the responsibility for assessing and managing this risk from the level of sanctioning authorities to the level of private actors (Mallard et al., 2020). This transfer occurs in such a way that the final decision to restrict interactions is made by economic actors, but it is shaped within a context structured by the sanctions regime (Verdier, 2020).

The result of this process is a redistribution of the consequences of sanctions at different levels. While the formal target of sanctions may be the state or specific institutions, their practical effects extend through precautionary behavior to areas not directly targeted, including the health system (Pinna Pintor et al., 2023). In this process, financial and trade restrictions gradually lead to a reduction in access to vital goods and services (Setayesh & Mackey, 2016).

The importance of this analysis is that it shows that the boundary between “direct effect” and “indirect effect” is somewhat artificial. When a legal structure is designed to systematically lead to precautionary behavior, the consequences of these behaviors cannot be considered entirely independent of that structure (Peters et al., 2020).

From a legal perspective, this raises an important question: to what extent can the consequences arising through the decisions of private actors be related to the structure of sanctions? The answer to this question requires attention to the relationship between institutional design, risk distribution, and economic behavior (Milanović, 2011). In this framework, precautionary behavior can be considered not as an external factor, but as part of the mechanism of sanctions’ effectiveness.

Accordingly, an analysis of the effects of sanctions on the right to health would be incomplete without considering the role of precautionary behavior. This phenomenon constitutes an intermediary mechanism through which legal and financial constraints are translated into tangible health outcomes and, ultimately, structurally affect the conditions for the enjoyment of this right (CESCR, 2000; OHCHR, 2008).

#### **4.5 Predictability of effects and its implications for the legal assessment of sanctions**

After explaining the mechanisms of sanctions' effectiveness and the mediating role of financial infrastructure and risk-averse behavior (over-compliance), the main question moves from the level of description to the level of legal assessment. The issue is not whether sanctions can affect the right to health, but whether these effects can be analyzed within the framework of international legal concepts, in particular responsibility and obligations related to human rights (Milanović, 2011).

In this context, the concept of "foreseeability" plays a central role. In international law, the assessment of the consequences of an action is not limited to its direct results, but also includes consequences that are reasonably foreseeable in light of prior practice and accumulated evidence (Peters et al., 2020). This is especially important in cases where an action leads to specific results through complex and multi-stage mechanisms.

In the case of sanctions, the evidence suggests that disruption of access to the financial system, the formation of precautionary behavior, and ultimately reduced access to medicine and health services are recurring patterns (Pinna Pintor et al., 2023). This repeatability suggests that such consequences are not accidental, but part of the expected impact of these measures (Peksen, 2011). Therefore, they cannot be considered outside the scope of legal evaluation, but must be treated as legally relevant consequences attributable to the structure of the sanctions regime.

In this context, the concept of "due diligence" also becomes important. According to this concept, institutions that adopt measures with potential impacts on fundamental rights are required to consider the foreseeable consequences of these measures and to prevent serious harm (Peters et al., 2020; Douhan, 2025). In the context of sanctions, this means that the designers and implementers of these measures cannot be indifferent or passive to their structural consequences in areas such as health (CESCR, 2000; OHCHR, 2008).

Furthermore, the analysis of foreseeability challenges the traditional distinction between direct and indirect effects. When an action is designed to systematically lead to certain consequences, even if these consequences are realized through intermediary factors, they cannot be considered entirely outside the scope of legal responsibility. In this sense, the role of intermediaries such as the financial system or the behavior of private actors does not prevent these consequences from being attributed to the structure of sanctions.

This analysis allows for a rethinking of the way in which the legitimacy of sanctions is assessed. If consequences such as limited access to medicine and health services are foreseeable as a result of the implementation of sanctions, then the assessment of these measures should go beyond their stated objectives and take into account their actual consequences.

Accordingly, it can be argued that sanctions, in their current form, have consequences that are legally attributable and subject to legal assessment. This highlights the need to pay attention to the structural and foreseeable dimensions of these measures in international law analyses.

#### **4.6 The disconnect between the normative design of sanctions and their practical consequences**

Analysis of the mechanisms of sanctions effectiveness shows that there is a structural disconnect between the normative logic underlying the design of these measures and their practical consequences (Farrall, 2007). At the formal level, Security Council sanctions are designed to apply pressure on specific targets while preventing harm to the civilian population and fundamental rights, including the right to health (United Nations, 1945; United Nations General Assembly, 1948; ICESCR, 1966). The existence of humanitarian exceptions, especially in the area of medicine and medical equipment, reflects this effort to maintain a balance between security objectives and humanitarian requirements (Dupont, 2019)

However, as previous analyses have shown, this normative design faces serious challenges at the implementation level (Mallard et al., 2020). The structure of sanctions is such that even in the presence of formal exceptions, the practical conditions necessary to benefit from them are weakened (Verdier, 2020). Restrictions on access to financial infrastructure, increased legal risks, and the formation of risk-averse behavior of economic actors prevent many permissible interactions from taking place in practice (Cockayne et al., 2018)

In this context, it can be said that humanitarian exceptions, although they exist at the normative level, are not fully functional at the practical level (Mallard et al., 2020). This situation creates a kind of functional mismatch, such that the declared objectives of sanctions are not aligned with their actual results (Özdamar et al., 2021). In other words, the sanctions regime may seek to reduce human harm by design, but in practice, its implementation mechanisms lead to the reproduction of the same harm (Setayesh & Mackey, 2016).

The importance of this disconnect is that it complicates the analysis of the legitimacy of sanctions. If these measures are assessed solely on the basis of their declared objectives or official text, they may appear to be consistent with human rights obligations (Reinisch, 2001) However, this assessment must be reconsidered when their practical and foreseeable consequences are taken into account (Peters et al., 2020).

From a legal perspective, this situation raises questions about the adequacy of the normative design of sanctions. Is it sufficient to provide for formal exceptions, when enforcement mechanisms prevent their implementation, to comply with human rights obligations? Or is it necessary to revise the design of these measures in such a way that they prevent serious harm not only at the normative level, but also at the practical level? (Milanović, 2011).

Accordingly, it can be argued that the gap between design and implementation is not simply a matter of implementation, but is part of the structural logic of sanctions (Franchini, 2025). This gap suggests that the analysis of these measures cannot be limited to the level of formal rules, but must consider their actual operation.

Ultimately, this disconnect highlights the need to rethink how sanctions are designed, so that consideration of their practical and foreseeable consequences is incorporated into the design process itself (Douhan, 2025).

From this perspective, a legal threshold can be identified: where sanctions structurally restrict access to essential resources, where their consequences are reasonably foreseeable, and where no effective mitigating mechanisms are implemented, the resulting harm cannot be treated as incidental but engages the responsibility framework of international human rights law.

#### ***4.7 Reconstructing the Relationship between Sanctions and the Right to Health***

The sum of the analyses presented shows that the impact of Security Council sanctions on the right to health cannot be understood through a simple, linear relationship between "action" and "consequence". What occurs in practice is the result of a multilayered and interconnected mechanism through which legal restrictions are translated into tangible health outcomes.

At the first level, sanctions operate as a form of regulation over access to critical infrastructure, particularly the international financial system (Verdier, 2020). This form of regulation does not primarily rely on direct prohibitions, but rather on reshaping the conditions under which economic interactions can take place. As a result, even activities that remain formally permitted are embedded in a structural context that significantly constrains their practical realization.

At the second level, these infrastructural constraints interact with the behavior of economic actors. Precautionary behavior, especially in the form of over-compliance, expands the effects of sanctions beyond their formal scope (Cockayne et al., 2018). Decisions taken by private actors, although formally autonomous, are shaped within a risk environment produced by the sanctions regime and contribute to limiting access to essential goods and services, including those related to healthcare.

At the third level, the recurrence of these patterns indicates that the resulting consequences are not exceptional, but foreseeable (Peters et al., 2020; Lanovoy, 2024). This predictability allows these effects to be assessed within established frameworks of international law, particularly in relation to obligations of due diligence and the evaluation of the consequences of regulatory measures.

Furthermore, the disconnect between the normative design of sanctions and their practical operation demonstrates that formal compliance with humanitarian safeguards does not necessarily ensure effective protection of fundamental rights (Mallard et al., 2020; Germani et al., 2022). The existence of humanitarian exemptions, in the absence of the functional conditions required for their implementation, is insufficient to guarantee access to essential health-related goods and services.

Accordingly, sanctions, in their current form, produce structural constraints on the effective enjoyment of the right to health. These constraints arise not from isolated or unintended effects, but from the interaction between financial restrictions, institutional design, and risk-driven economic behavior.

From a legal perspective, this leads to a more precise conclusion: where such consequences are structurally embedded and reasonably foreseeable, they cannot be treated as external or incidental effects, but must be considered as part of the legal assessment of the sanctions regime itself.

Accordingly, these structural and foreseeable consequences raise serious concerns as to the compatibility of sanctions regimes with international human rights obligations, particularly in relation to the right to health (ICESCR, 1966; CESCR, 2000).

#### **5. Conclusion**

This study, which aims to analyze the impact of Security Council sanctions on the right to health, showed that understanding this relationship requires moving beyond traditional approaches based on direct prohibitions and a narrow focus on declared objectives. The findings presented indicate that the effectiveness of sanctions is not formed at the level of explicit rules, but through structural and mediated mechanisms.

The analysis showed that sanctions, by regulating access to critical infrastructure, especially the international financial system, redefine the conditions of possibility of economic interactions. This redefinition, even in the absence of direct targeting of the health sector, operates in such a way that the capacity of the health system to meet basic needs is structurally constrained. In this context, the distinction between legal access and actual access becomes of fundamental importance, as it shows that maintaining the legal possibility of importing medicines does not necessarily mean their effective availability in practice.

Moreover, the role of risk-averse behavior (over-compliance) of economic actors shows that the effects of sanctions are reproduced through a complex chain of decisions and reactions. This phenomenon, which takes shape in response to high-risk environments, extends the scope of sanctions beyond their formal objectives into areas not directly targeted. In the process, the consequences of sanctions are transferred from the level of legal rules to the level of actual access to vital services and goods.

The repeatability of these patterns across different sanctions cases suggests that consequences such as disruptions in access to medicine and health services are not exceptional but predictable. This allows for the analysis of these consequences within the framework of legal concepts such as due diligence obligations and shows that the assessment of sanctions cannot be limited to examining their declared objectives or official text.

At the same time, the disconnect between the normative design of sanctions and their practical consequences becomes particularly important. Although the existence of humanitarian exceptions indicates an attempt to reduce human harm, in practice, the implementation mechanisms of these measures operate in a way that limits the possibility of actually benefiting from these exceptions. This situation highlights the need to review the way sanctions are designed, so that attention to their practical and foreseeable consequences is integrated into the design process itself.

Accordingly, the article argues that sanctions, in their current form, have consequences that are structurally related to the restriction of the right to health. These consequences are the result of the interaction between infrastructural constraints, economic behavior and foreseeable consequences and, therefore, should be considered in legal assessments as part of the actual functioning of the sanctions system. In this sense, such consequences may, under certain conditions, constitute a failure to comply with due diligence obligations under international human rights law, particularly where foreseeable harm is not adequately addressed.

Finally, this research shows that the analysis of sanctions within the framework of international law requires attention to dimensions beyond their legal text. Only by considering the structural mechanisms and foreseeable consequences of these measures can a more accurate assessment of their compatibility with human rights obligations, particularly in the area of the right to health, be made.

Accordingly, sanctions should not be assessed merely as external policy instruments, but as forms of regulatory governance that structure access to essential resources and, under certain conditions, trigger human rights obligations beyond territorial limits.

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